

THE INFLUENCE OF SELECTED FACTORS ON THE  
SOCIAL ORIENTATION OF IDENTIFIED  
ADOLESCENT DELINQUENTS TOWARD  
COUNSELORS

By

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A DISSERTATION PRESENTED TO THE GRADUATE COUNCIL OF  
THE UNIVERSITY OF FLORIDA  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

1977

To  
Sheri

## ACKNOWLEDGMENTS

The following persons have each made a unique contribution toward the completion of this dissertation:

Dr. Robert Stripling, Committee Chairman;

Dr. William Ware, Committee Member;

Dr. Robert Ziller, Committee Member;

Lorraine Thomas, typist;

The students at Lancaster Youth Development Center who participated in the study.

During the long period of time that I fluctuated between completing and not completing this dissertation, I was supported and encouraged by a number of friends. Most important among them were Claudia, Julianne and Jeannie. The person who has given me the strongest incentive during this period has been my daughter, Sheri.

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Abstract of Dissertation Presented to the Graduate Council  
of the University of Florida in Partial Fulfillment of the  
Requirements for the Degree of Doctor of Philosophy

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By

James Gary Tomblin

December 1977

Chairman: Dr. Robert O. Stripling  
Major Department: Counselor Education

Within the theoretical framework of this study the counseling relationship was described as a social system which would be influenced by a dynamic developmental process. Using this perspective, the initial counselor-client interaction was designated as the first stage of this developing social system and therefore predictive of the future existence of the system.

A review of the literature demonstrated that among the factors which may influence the counseling relationship during its initial stage are client role expectation, counselor role behavior and counselor sex. It was suggested that the interaction of the factors, client role expectation and counselor role behavior, would be important during the initial counselor-client communication and that the development of a counseling social system would be influenced by this interaction. It was proposed that the development of the counseling social system would be reflected by the degree

of client identification with the counselor and the degree to which the client included himself or herself in the social field of the counselor.

This research was conducted within an experimental design which was devised to approximate an initial counseling interaction. The initial counseling role expectations of 104 male and 23 female adolescent residents of a school operated by the Florida Division of Youth Services were measured on the Psychotherapy Expectancy Inventory-Revision (PEI-R) which yielded APPROVAL-ADVICE and AUDIENCE-RELATIONSHIP expectations. Later, subjects listened to one of four audio tapes of a role played counseling session. The content of the tapes was manipulated in order to portray either directive or nondirective role behavior and to present either a male or female counselor. Immediately after listening to the tapes, subjects completed Social Orientation Tasks (SOT) which measured the degree to which each subject identified with the counselor on the tape and the degree to which each subject included himself or herself in the social field of the counselor.

The influence of the factors, client role expectation, counselor role behavior, counselor sex and subject sex, on the subjects' identification and inclusion scores was analyzed by two four-way factorial analyses of variance.

It was found that, as a group, subjects in the study had higher APPROVAL-ADVICE than AUDIENCE-RELATIONSHIP client

role expectations. As a group, subjects exposed to directive counselor role behavior had higher inclusion and identification scores than subjects exposed to nondirective counselor role behavior. An interaction effect was found between client role expectation and counselor role behavior with both identification and inclusion scores. The male counselor evoked higher levels of identification than the female counselor. At the same time, there was a tendency for identification and inclusion scores to be higher among subjects exposed to an opposite-sex counselor than a like-sex counselor. This interaction was significant statistically when inclusion was the criterion.

Several conclusions were drawn from the data and some implications for counseling practice and future research were discussed. The limitations of the study were delineated.

## CHAPTER I

### INTRODUCTION

One way of conceptualizing the counselor-client relationship is with regard to the social system of which it is a part. Such a conceptualization views the counseling interchange in light of natural social processes and applies the disciplines of social psychology and sociology to explain the dynamics of the counseling interaction.

There are at least two ways of describing the counseling dyad in a social system framework. Bentley (1968) identified one approach when he depicted counseling as a dynamic interaction of systems and noted the counselor's relationship to members of various social systems. This approach places the counseling relationship in the context of larger social systems such as the school or community. The second approach portrays the counseling dyad alone as a social system and examines the counseling process in light of the dynamics of such a dyadic relationship. In the present study, using the second definition, the counseling relationship is conceptualized as a developing social system subject to specific dynamic processes.

In a dynamic social system, the action of factors during one period of the system's existence is related to

interaction in the social system at a later stage of its development. Lennard and Bernstein (1960) have referred to the process determinants which create this phenomenon as "developmental" or "phase" properties of social groups. They observed that in order to understand or predict the behavior of individuals who are interacting "one needs to know when within the life of the system the interaction is taking place . . ." (p. 27). Raush (1965) found support for this assumption regarding system development in a study of disturbed and delinquent adolescents. By studying a specific role relationship over a limited time span, he found that knowing what had transpired early in a relationship was a better predictor of future interaction than the setting or the personality characteristics of the participants.

Perhaps the most significant phase of the counseling social system is the initial interview. Baum and Fezler (1964) and Kell and Mueller (1966), who view the initial interview as a microcosm of the whole course of counseling, stress the importance of the initial contact in affecting the resulting reaction of both the client and the counselor. In a study of "failure" cases in psychotherapy, Mendelsohn (1966) reports findings which substantiate the significance of the initial interview. He found that of clients who dropped out permanently, 65 percent did so between the first and second interviews and that 31 percent dropped out between the second and third interviews. During the initial

interview, factors are introduced and processes are begun which affect the subsequent development of the counseling social system. In some cases, the effect of these variables will be a failure of the system to develop.

There are numerous factors present during the initial interview which potentially affect the development of the counseling social system. Three of these factors are client role expectation, counselor role behavior and counselor sex. When viewed in the theoretical framework of the present study, the variables of client role expectation, counselor role behavior and counselor sex are significant because of their ability to influence the initial response of both counselor and client and therefore affect the subsequent process of the dyadic interaction. In this sense they are predisposing factors which are activated within the counseling dyad and which affect the development of the social system.

#### Statement of Problem

In designing the present research the basic problem to be addressed was: what influence will client role expectation, counselor role behavior and sex of the counselor have on the development of the counseling social system? More specifically, in a group of institutionalized adolescent delinquents, what will be the influence of client role expectation, counselor role behavior and counselor sex, during

the initial interview, on the client's social orientation in regard to the counselor?

### Rationale

A concept which is crucial to a social system description of the counseling dyad is role. Bentley (1968), in applying the concept of role to the counseling relationship, suggested that role is "an inclusive term consisting of role performance, role expectations, role conceptions and role acceptance" (p. 74). Perhaps among these subsidiary role constructs, the most important to an interactive description of counseling is role expectations. Cottrell (1933) emphasized the significance of role expectations when he stated:

Frequently we fail to recognize early enough what might be called expectations entertained by the subject as to the actions or responses which are to come from other persons . . . . There is no conception of one's role, conscious or unconscious, without a reference to what action is expected in the situation of which the role is a part. (p. 110)

The construct of role assumes that another person or group of persons will hold expectations toward the role position or toward a specific person occupying a role position. In the social system delimited by the counseling dyad, one can not make reference to counselor role without consideration of the role expectations of the client. Conversely, the



role of client can not be conceptualized without reference to expectations of the counselor.

A number of studies (Clemes and D'Andrea, 1965; Heine and Trosman, 1960; Overall and Aronson, 1963; Price and Iverson, 1969; Severinsen, 1966) have observed initial client role expectations in relation to the counselor's perception of his or her role or in relation to actual role behavior of the counselor during the initial stages of counseling. It has been demonstrated that incongruence between counselor and client perceptions of counselor role exerts a significant influence on subsequent client behavior. For example, it has been shown that, when such incongruence exists, clients are more likely to terminate prematurely (Heine and Trosman, 1960) and be dissatisfied with counseling (Severinsen, 1966) and less likely to be attracted to the counselor (Price and Iverson, 1969). Conversely, when client role expectations and counselor role behavior are congruent, favorable outcomes are more likely to occur.

These studies suggest that although it may be proposed that client role expectations independently influence the client's initial attitude toward his or her counselor, the effects of client role expectations should be studied within the context of their interaction with counselor role behavior. Similarly, whereas there may be a relationship between counselor role behavior in the initial interview and subsequent client attitude toward the counselor, the

influence of counselor role behavior should be interpreted in relation to client role expectation.

Most generally accepted definitions of counselor role and resulting role performance are based on middle class experiences on the part of the role definers (supervisors, counselor educators, counselors, professional organizations) and in the context of counseling experiences with middle class clients. Hunt (1960), in a discussion of the relationship of the efficacy of psychotherapy to social class, concluded that present psychotherapeutic techniques have been drawn from treatment and research on a biased sample, upper-middle and upper class persons. He further suggested the possibility that efficacy of psychotherapy as it is presently constituted is confined to middle and higher class patients.

Schofield (1964), in summarizing therapists' descriptions of the typical and desirable psychotherapy client, has depicted him as young, attractive, verbal, intelligent and social (YAVIS). The YAVIS client is more likely to remain in therapy until mutual discontinuance while the non-YAVIS client more frequently unilaterally drops out of therapy and is subsequently described by the therapist as "unmotivated" and "not a good candidate for psychotherapy." It can be inferred that middle class, educated individuals whose background and psychosocial environment are similar to that of the counselor and who are likely to have had contact with professional helpers and thus with normative role behavior

will have expectations which are more congruent with the counseling role expectations and behavior of professionals than are the expectations of lower class, less educated, socially different individuals.

Hollingshead and Redlich (1958), in their survey of class and mental illness, found that only a few persons in the two lower classes entered therapy voluntarily. In general, those clients who did voluntarily begin therapy expected the therapist to be authoritarian. According to their research, upon entering therapy lower class clients presented somatic symptoms and continued to express an organic orientation ("asking for 'shots' and 'pills'") throughout therapy.

In an analysis of the failure of traditional counseling approaches with disadvantaged clients, Calia (1966) has delineated several differences in this group of clients and the usual counseling contact. He considered traditional assumptions about counseling in light of the personal makeup and cultural background of disadvantaged clients and proposed alternative roles for counselors working with this population. These suggested roles included active counseling styles, use of environmental resources in counseling and counselor help in improving the counselee's environment.

In summary, the foregoing literature suggests that lower class persons tend to seek counseling less frequently and expect counselor behavior which is, in many instances,

contrary to traditional counseling roles. In response to counseling behavior in the initial interview which is incongruent with their role expectations, they often terminate or otherwise resist. Interpreted from the perspective of the present study, these findings suggest that in counseling social systems involving lower class clients the development of the system is retarded and often terminated due to incongruent role expectations.

The particular lower class group of interest in the present study are institutionalized adolescent delinquents. Although there is not a clear relationship between class or economic status and delinquent behavior, there does seem to be a connection between class and being legally classified as a delinquent. According to Sutherland (1939):

First the administrative processes are more favorable to persons in economic comfort than to those in poverty. So that if two persons on different economic levels are equally guilty of the same offense, the one on the lower level is more likely to be arrested, convicted and committed to an institution. Second, the laws are written, administered and implemented primarily with reference to the types of crime committed by people of lower economic levels. (p. 179)

In addition, adolescents in the higher socioeconomic level are more likely to be identified as having emotional problems and be referred for counseling or psychotherapy while adolescents of lower class families are more likely to be identified as delinquent or criminal. The role expectations of adolescents identified as delinquent should therefore be similar to those of other lower class groups.

Another important variable when defining the counseling interaction as a developing social system is the sex of the counselor. In general, counseling research has suggested that, regardless of the sex of the client, male counselors are preferred more frequently than are female counselors. One study, reported by Fuller (1964), revealed that university students of both sexes preferred male counselors more frequently than female counselors and that preferences for male counselors were most consistent than preferences for female counselors. Fuller related her findings to the cultural preference for the masculine role and the attribution of more highly valued characteristics to males.

In addition to the usual cultural preferences for the male role, there would seem to be support for the existence of an even stronger preference among institutionalized delinquents. In the delinquent subculture potency is valued, and the male role is esteemed because of cultural sanctions on aggression by the male and because of the dominant position that the male occupies. The potential exists for the delinquent adolescent to initially identify more favorably with a male counselor.

#### Purpose

During the initial phase of the social system of counseling, factors are introduced which are significant in

affecting the later development of the system. As suggested by the literature, these factors include client role expectations, counselor role behavior and counselor sex. The purpose of the present research was to study the influence of these factors on client social orientation toward the counselor during the initial phase of the social system involving a counselor and an institutionalized adolescent delinquent client.

The present research study was carried out within an experimental design which was devised to approximate an initial counseling contact. The initial counseling role expectations of subjects (institutionalized adolescent delinquents) were measured on the Psychotherapy Expectancy Inventory-Revision which yielded Approval-Advice and Audience-Relationship expectations. Later, subjects listened to one of four audio tapes of role played counseling sessions. The content of the tapes was manipulated in order to portray either directive or nondirective role behavior and to present either a male or female counselor. Immediately after listening to the tapes, subjects completed social orientation tasks which measured the degree to which each subject identified with the counselor on the tape and the degree to which each subject included the counselor in his or her social field.

Based on a review of pertinent literature, the following research hypotheses were generated:

- (1) The group which is exposed to directive counselor role behavior will have higher identification scores than the group which is exposed to non-directive counselor role behavior.
- (2) The group which is exposed to directive counselor role behavior will have higher inclusion scores than the group which is exposed to nondirective counselor role behavior.
- (3) The group which listens to tapes presenting a male counselor will have higher identification scores than the group which listens to tapes presenting a female counselor.
- (4) The group which listens to tapes presenting a male counselor will have higher inclusion scores than the group which listens to tapes presenting a female counselor.
- (5) There will be a client role expectation by counselor role behavior interaction when identification is the dependent variable.
- (6) There will be a client role expectation by counselor role behavior interaction when inclusion is the dependent variable.

### Clarification

Much of the literature which is pertinent to the present research has resulted from studies of psychotherapy in clinic settings. In this study, except when referring to specific psychotherapy research or when quoting directly, the terms "counselor," "counseling" and "client" have been used.



## CHAPTER II

### REVIEW OF THE LITERATURE

In the first chapter a theoretical framework was presented in which the counseling interaction was described as a developing social system for which the initial interview is the first phase. It was also suggested that three important variables which influence the development of a counseling social system during its initial stage are client role expectation, counselor role behavior and counselor sex. A research study designed to observe the relationship of these three variables to subsequent development of the counseling social system in a group of institutionalized adolescent delinquents was outlined.

In this chapter, literature which supports the theoretical concepts and proposed hypotheses of the present study is reviewed. This review consists of three parts. The first section is an examination of literature related to the concept of role, including (1) theoretical literature from social psychology and sociology which has discussed role and related concepts, (2) research which has defined the role expectations of clients in counseling and psychotherapy, and (3) research which has examined the effects of role conflict

in the counseling social system. The second section reviews research which has studied client preferences for sex of the counselor. Section three is a review of the criterion variables of interest in this research.

## Role

### Theoretical Literature

Although the term role is frequently used and numerous theoretical papers have discussed role and its related constructs, the term has diverse meanings. After reviewing over eighty sources in which the term role was used, Neiman and Hughes (1951) suggested that "the concept role is at present still rather vague, nebulous and nondefinitive" (p. 141). They divided the definitions of role into three categories: (1) those which use role to describe the dynamic process of personality development: becoming acculturated, development of the self or personality; (2) definitions in terms of society as a whole: normative definitions, role as a synonym for behavior; and (3) functional definitions in terms of specific groups: role as a status, taking a role. In a similar manner, Bentley (1968) has differentiated normative definitions (standards or norms expected of occupants of positions), individual definitions (behavior that is perceived as being appropriate by an individual in a social setting), and behavior definitions (definitions

which focus upon the behaviors of individuals occupying social positions).

One consistency among these definitions is that role is defined in the context of social relationships and with attention to the interactional nature of the concept. Carson (1969) reflected this concern with social interaction in his definition:

Every person has several roles--at least one for every system . . . in which he participates . . . . Smooth social interaction also requires that there be role reciprocity between persons as they interact. One cannot effectively enact the behaviors of the teacher's role, for example, unless the other person simultaneously enacts the behaviors normatively associated with the role of student. (p. 181)

In discussing role in an interaction context, Cottrell (1942) suggested the use of the term role:

. . . to refer to an internally consistent series of conditioned responses by one member of a social situation which represents the stimulus pattern for a similarly internally consistent series of conditioned responses of the other(s) in that situation. Dealing with human behavior in terms of roles therefore requires that any item of behavior must always be placed in some specified self-other context. (p. 617)

Sarbin (1954) summarized his definition of role as "a patterned sequence of learned actions or deeds performed by a person in an interaction situation" (p. 225). The construct of role is functional only in the context of an interaction, whether actual or symbolic.

Merton (1957) used the concept "role-set" to describe the "complement of role relationships in which persons are

involved by virtue of occupying a particular social status" (p. 110). He was thus noting the various relationships which a person may hold due to being in a distinct status position. For example, due to occupying the status position of school counselor, a person may have role relationships with teachers, principals, parents, students and peer professionals. The role-set of counselor encompasses these role relationships. In addition, the same person may occupy the status position of father and therefore maintain a number of role relationships within the role-set of father. Merton further observed that the potential always exists for differing and conflicting expectations regarding the status occupant among these in the role-set.

In relating role concepts to behavior pathology, Cameron (1950) suggested that ". . . the member of any organized society must develop more than a single role or role behavior if he is to reciprocate and cooperate effectively with his fellows" (p. 465). He continued this idea by suggesting that the person who has developed a number of realistic social roles is better equipped to meet "new and critical" situations than a person whose "repertory" of social roles is "meager, relatively unpractical and socially unrealistic" (p.465). For example, the client who has had limited contact with counselors is less likely to have developed client role behavior and counselor role expectations which are congruent with the counselor's role.

Sarbin and Allen (1968) have spoken of the probabilistic nature of interaction and proposed that since a role actor's "audience" provides discriminant cues and reinforcement cues, he must maintain a semblance of flexibility. They further asserted that "the recognition of this fact (the probabilistic nature of interaction) renders role theory continuous with an interactional and functionalistic framework" (p. 491). Later, in stressing the interactional nature of role learning, Sarbin and Allen suggested that:

. . . the implication of this point is that elements of role expectation to be learned consist not only of specifications of the individual's own role but also of the other complementary roles. What must be learned are the expectations for a specific role and its complementary roles, that is, the interlocking system of rights and obligations of a role and complementary roles. (p. 546)

In the counseling dyad, the role behavior of each participant must be considered in relation to the role behavior of his partner in the interaction. Each behavioral component affects both the subsequent behavior of the actor and the behavior of the partner.

As implied by Sarbin and Allen (1968), the important concept in considering the reciprocal or complementary characteristic of role relationships is role expectations. In their theoretical framework, the concept of role expectation is "the conceptual bridge between social structure and role behavior . . . " (p. 497). As stated by them:

Role expectations . . . are collections of cognitions, beliefs, subjective probabilities, and elements of knowledge which specify in relation to complementary roles the rights and duties, the appropriate conduct, for persons occupying a particular position. (p. 498)

Gross, Mason and McEachern (1958) have defined role in a normative fashion. In this context they suggested that "A role is a set of expectations . . . , it is a set of evaluative standards applied to an incumbent of a particular position" (p. 60). The authors further noted that roles are a means of organizing expectations by reference to a social structure. Expectations delineate for the role actors the parameters of a particular social interaction; they set the limits and define the structure of the relationship.

In summarizing some of the theoretical material of other authors, Bentley (1968) distinguished between two general kinds of expectations, obligations or duties, and rights. Obligations or duties are the actions expected of the role actor, while rights are the actions which the role actor expects to be able to perform. In applying these concepts to a role relationship, it is clear that there are reciprocal obligations and rights in each interaction. Both members of a dyadic relationship may define obligations and rights for themselves and for their partner.

Again, it is apparent that the role expectations of each member of the counseling dyad must include a description of both the role of the member and the role of the partner. When the counselor constructs his role to include

questioning the client, he constructs the client's role to include giving answers. If the client constructs the counselor's role to include asking questions, he constructs his own role to include giving answers. In the present study, the role expectations (reciprocal obligations and rights) of clients are of primary importance. The client, acting as a role definer, conceptualizes the role of counselor and the reciprocal role of client.

An important auxiliary role construct is role enactment. In their discussion of role, Sarbin and Allen (1968) considered role enactment as a dependent variable resulting from the action of the independent variables of role expectations and other primary constructs. In speaking of role enactment, they focused on overt social conduct and asserted that the "study of the isolated individual per se has no place in role theory" (p. 490). Thus, just as with the broader construct of role and with role expectations, the variable of role enactment must be considered with respect to role relationships and reciprocal behavior on the part of complementary actors. The counselor initially enacts his role according to his role conceptions, but he can not continue to enact the role independent of the client's behavior.

When there is a difficulty in fulfilling the expectations of a role relationship or in assuming and enacting a role, conflict may occur. In discussing role conflict, Ivey

and Robin (1966) listed and defined four types:

- (1) Role conflict stemming from role definers--  
This type of conflict occurs when persons in a position to suggest role behavior do not agree on appropriate conduct for the role actor.
- (2) Role conflict internal to the role--Although the definers of the role agree on certain behaviors, the role occupant may not be able to maintain all of the behaviors expected of him. An example would be a counselor who must be a confidant and an administrator concerned about rules.
- (3) Role conflict stemming from the role in interaction with the social system--Ivey and Robin gave two subsidiary definitions:
  - a) ". . . the normative prescriptions of a role are not sufficient to allow the role taker to perform the functions expected of his role in the larger social system in which it is situated" (p. 30). An example might be when the counselor is expected to be available for personal counseling but in addition is responsible for the periodic testing program of the school and thus does not have the time to fulfill the first function.
  - b) Role conflict arises from the multiplicity of roles a person must assume--Consider the



small school where a person may be a teacher, a clerk and a counselor. Merton's (1957) description of role-set, which has been discussed previously, would suggest that numerous role relationships are associated with each of these roles.

- (4) Role conflict stemming from the interaction of the individual and his role--The particular role occupant can not meet the demands of the role definers. For example, the counselor may not be psychologically secure enough to undertake personal counseling with clients.

In their discussion of counselor role, Ivey and Robin viewed the counselor as a member of larger social systems such as the school, agency or community and they were therefore concerned with the effect of role conflict on counselor role behavior. In addition, internal conflict which has resulted from role incompatibilities of the counselor and client may occur in the counseling social system. These conflicts must be resolved by the members of the social system if the relationship is to progress.

In summary, role is a relational concept which is valuable in the analysis of social interaction. The dynamics of role relationships are dependent upon role expectations, the reciprocally constructed definitions of the appropriate conduct of the role actors in any relationship.

The result of role expectations and other related variables is role enactment or role behavior. When role expectations can not be fulfilled, when incongruent expectations occur, or when role behavior can not be maintained, conflict may occur in the relationship.

The literature reviewed thus far suggests three statements in regard to the development of a counseling social system: (1) the client will come to counseling with preconceived role expectations (his or her conceptions of the reciprocal obligations and rights of the relationship); (2) the counselor will initially enact his or her role based on his or her role expectations; (3) if the client's role expectations and the counselor's role behavior are incongruent, conflict will probably occur.

#### Role Expectations of Clients

Based on his personal construct theory, Kelly (1955) has suggested that there are an infinite number of ways that a client may conceptualize the counseling relationship. He theorized: "From the client's conceptualizations of psychotherapy comes the role he expects to play and the role he expects the therapist to play. His behavior as a patient should be seen in this light" (p. 575). The client brings a set of expectations to counseling which include conceptualizations of appropriate behavior for both the client and the counselor. This section of the literature review

examines research which has contributed to an understanding of the nature of these counseling role expectations.

Using a questionnaire, Garfield and Wolpin (1963) measured the attitudes and expectations regarding psychotherapy of seventy applicants for outpatient psychotherapy. They found that:

All told, about one-third emphasized the importance of a directive, expert role on the part of the therapist, while two-thirds of the subjects emphasized the patient's active effort to help himself. At the same time, however, if given their choice, most patients would prefer to be given advice rather than to be helped in developing understanding of their problems. Thus, while these individuals did not rate advice and suggestion as being most important in therapy, they still would prefer to receive advice. (p. 358)

Of the seventy applicants only half continued in therapy past the intake interview; however, no attempt was made to relate termination to the findings on the questionnaire.

In a study by Frankel and Perlman (1969), student perceptions of a college counseling service were surveyed with a questionnaire similar to the one used by Garfield and Wolpin. Although most students perceived the student counseling service as helping individuals with personal problems, the majority of students denied a need for such help themselves and judged themselves as having vocational educational problems. It can be assumed that if these students sought help from a counselor, they would have expectations for vocational educational counseling.

Heilbrun (1961, 1964, 1965, 1966, 1968 and 1971) has conducted a series of studies designed to distinguish between terminators and continuers in counseling. In one study (Heilbrun, 1970), using a therapy transcript on which female subjects demonstrated preference for directive or nondirective responses, he found 29 "potential terminators" more likely to prefer directive counselor responses than 14 "potential continuers." Overall, he found a general tendency for the 43 undergraduate females to choose directive responses.

As noted earlier, Hollingshead and Redlich (1958) found that lower class patients expect the therapist to be authoritarian. In addition, they found that for the most part lower class patients were oriented externally, emphasized physical symptomatology, did not see the value of talking and insight and preferred organic treatment. Overall and Aronson (1963) reported findings similar to those of Hollingshead and Redlich. Their study of the role expectations of 40 lower class psychiatric outpatients demonstrated a preference for an active but permissive therapist.

Reissman (1964), in delineating the merits of role playing with lower socioeconomic clients, discussed some of the personal characteristics of lower class persons which contribute to the effectiveness of this technique. He suggested that the life style of the poor encourages doing versus talking, is physically oriented and characterized by external rather than internal concerns. Their preference

for counseling styles is similarly defined with expectations for an active, concrete problem solving approach.

Pellegrine (1971) reported a study with 444 university counseling center clients in which he attempted to differentiate between repressors and sensitizers based on severity of problem and type of client approach. The repressor-sensitizer scale measures idiosyncratic responses to perceived threat; sensitizers respond with awareness and recognition while repressors respond with repression or denial. Among the results, he found that sensitizers were more likely to be seeking personal-social counseling than repressors while more repressors than sensitizers tended to be classified as having severe problems. These paradoxical findings were interpreted as reflecting the unique problem solving style of each group. The author speculated that repressors are reticent, withdrawn individuals who deny feelings. They seek solutions for specific problems, demanding action and answers and shy away from deep personal involvement. On the other hand, sensitizers respond to internal clues, seek insight when faced with personal problems and value feelings as guideposts.

When the results of Pellegrine's study are interpreted in relationship to role expectations, three propositions emerge: (1) repressors expect advice for specific external problems and expect the counselor to deal with "facts" rather than feelings; (2) sensitizers expect a reflective approach

to counseling which includes a concern with feelings; and (3) role conflict often occurs when repressors become involved in counseling because most counselors are oriented toward "insight" approaches and an emphasis on feelings.

Berzins, Friedman and Siedman (1969) examined the relationship between client scores on the A-B Scale and client role expectations in a study involving 60 male college clinic patients. The A-B Scale was devised from several items of the Strong Vocational Interest Blank which describe activities of a manual, technical or mechanical nature. It has been demonstrated in a number of studies that A's (persons who demonstrated a dislike of the activities from the Strong) achieve better results with schizophrenic clients than B's (persons who like the activities described in the Strong) and that B's achieve better outcomes with neurotic outpatients. The experimenters administered the A-B Scale to clients, along with a measure of role expectation. A checklist of client complaints was completed following the initial interview. A's demonstrated a turning against self and intropunitive symptoms along with expectations to involve themselves actively in an unburdening type of therapy. B's were found to be extrapunitive with expectations to receive guidance from an analytical, teacher-like figure. In this research, as in previously cited studies, a dichotomy of expectations emerged. The clients held either expectations for an "insight" approach, with responsibility shared by the participants or expectations for a

"guidance" approach, with the therapist being primarily responsible for the course of therapy.

In order to explore the basic characteristics of the role expectations of psychotherapy clients, Abfelbaum (1958) administered a Q sort of therapy expectations to 100 clients of a university outpatient psychiatric clinic. Cluster analysis of the client responses fell into three dimensions of role expectations:

- (1) Nurturant - These clients expect a guiding, giving protective counselor.
- (2) Model - These clients expect the counselor to be a permissive listener who is neither protective nor critical.
- (3) Critic - These clients have expectations that the counselor will be critical and analytical and that the client will take much of the responsibility for the counseling.

Using seniors in high school as subjects, Grant (1954) had the students complete a forced choice questionnaire which asked to whom they would go for help with various problems. Grouping the answers as school helpers (counselor, teacher) and out of school helpers (family, friends, family doctor), the students responded that they would take 62 percent of specified educational problems to school helpers and 36 percent to out of school helpers. They would choose to take 50 percent of vocational problems to school helpers and 46 percent to out of school helpers. Of personal

problems, they would take only 4 percent to school helpers and 75 percent to out of school helpers. The author proposed that these data reflected the students' perceptions of the role of the high school counselor as a person who provides primarily educational guidance; and as the problems become more personalized, the student is less likely to perceive the counselor as a source of help.

Tinsley and Harris (1976) undertook a study intended to define the counseling expectations of 282 male and female undergraduate students. The students were asked to indicate degree of expectation for 82 items on a questionnaire which yielded scores on seven scales. Students demonstrated strongest expectations for counselor behavior defined as expertness, genuineness and acceptance and for client behavior defined as trust. Expectations for counselor behavior defined as understanding and directiveness were less likely to be indicated. Significant sex differences were found on two scales with female students having higher expectations for accepting behavior and male students higher expectations for directive behavior.

Using 160 students in an introductory psychology course as subjects, Reisman and Yamokoski (1974) studied preferences for type of helping behavior. They had subjects indicate strength of preference for several types of helping behavior from friends and therapists. There was a significantly



stronger preference for expository (expert analysis or explanation of a problem) type behavior than for empathic or interrogative behavior.

To recapitulate, clients come to counseling with diverse role expectations. The clearest dichotomy seems to be between expectations for guiding, directive or structured counselor behavior and expectations for reflective, non-directive and nonstructured counselor behavior. While a number of studies have demonstrated that clients with a variety of backgrounds have initial preferences for leading or directive counselor behavior, preferences for a directive, guiding counselor are especially strong among lower class clients.

Based on the findings presented in this section, it was assumed that a majority of the persons in the lower class group (adolescent delinquents), from which the subjects in the present research were drawn, would have expectations for a leading or directive approach to counseling. Therefore, it was suggested that, as a group, the subjects would have predominantly Approval-Advice role expectations since such expectations constitute leading or directive types.

#### Role Conflict in Counseling

Bordin (1955) has discussed the client discomfort produced when counselors probe for emotional material from clients who have come to the counseling center for vocational

or educational guidance. He observed that clients seeking guidance for decision making have little concern about the personal characteristics of the counselor, while clients who expect to discuss personal problems are interested in the counselor's personal characteristics and the interpersonal relationship established by the counselor.

Goldstein (1966), in reviewing the literature regarding role expectations in counseling, noted that clients often respond negatively to counselors whose interview behavior is not congruent with their expectations. It has been demonstrated that incongruence between counselor and client expectations has a significant impact on the initial response of the client to the counselor. Evidence of this impact is presented in the following group of research in which the effects of compatible and incompatible role interactions on the counseling process were studied.

Clemes and D'Andrea (1965) had nine psychiatric residents each conduct five structured and five nonstructured initial interviews with applicants to an adult outpatient clinic. Before the interview, they measured patient expectations for psychotherapy on an instrument which categorized patients as having guidance or participant expectations. They found that patients whose interviews were compatible with their expectations rated their anxiety significantly lower after the initial interviews. In addition, the residents rated the interviews which were incompatible with client expectations as more difficult.

Severinsen (1966) reported the results of investigations of client expectations in two separate groups of clients. Using a questionnaire, he had one group of college freshman clients (234 students) indicate, prior to the initial interview, the degree of lead they expected from their counselors (14 practicum counselors) in the interview. Similarly he had another group of students (314) indicate the degree of empathy that they expected from their counselors (13). After the interview, using another form of the questionnaire, the clients indicated their perception of the degree of lead or empathy which their counselors demonstrated. In addition, each client completed a measure of satisfaction. After comparing satisfaction scores with the differences between initial expectations for empathy and subsequent perceptions of counselor empathy, the author concluded "that satisfaction seems to be a function of how closely the counselor approximates the client's expectation, and not whether he is 'fact' or 'feeling' oriented in the interview" (p. 111). Differences in expectation and perception of counselor lead were not significantly related to satisfaction.

Following a study designed to cast light on the differences between terminators and continuers in psychotherapy, Heine and Trosman (1960) concluded that "the variable which appears to be significant for continuance is that of mutuality of expectation between patient and therapist" (p. 278). In this study, conducted in a medical setting,

continuers in psychotherapy were more likely to have conceptualized their experience in a manner congruent with the therapist's role image. The authors suggested that therapists "may sometimes not take patients' initial expectations sufficiently into account in the crucial early hours of therapy, and thereby may 'lose' the patient before a pattern of mutual collaboration can be firmly established" (p. 278).

Borghi (1968), like Heine and Trosman, attempted to discover the reason for termination of psychotherapy patients by conducting home interviews with 29 terminators. In the interviews, terminators consistently voiced expectations which were incongruent with those of the therapists.

In a recent study (Martin et al., 1976) findings in contrast to other research were reported. The researchers measured the role expectations of 144 patients and 77 psychotherapists in an inpatient setting. Expectations were classified as nurturant or critical and patients and therapist were designated as having high or low scores for both scales. For purposes of analysis, each patient-therapist dyad was classified as mutual high, nonmutual or mutual low on both types of expectations. At the end of therapy, evaluations of the therapy were obtained from therapists and patients.

When dyads were classified according to mutuality of expectations, only the differences between mutual low critical, mutual high critical and nonmutual critical dyads were significant. The patient evaluation scores of the mutual low

critical group were higher than mutual high critical or nonmutual critical groups. When subjects were divided into groups based on quantity of mutual expectations (mutuality on both scales, one scale or no scales), no significant differences were found. A further analysis of the patterns of nurturant and critical expectations revealed that the group with the highest evaluation scores consisted of dyads with mutually high nurturant and mutually low critical expectations.

In their report of a long term investigation of the interrelationship of role expectations and communication in psychotherapy, Lennard and Bernstein (1960) have revealed some relevant findings. Over 500 therapy sessions between eight patients and four psychoanalytically oriented therapists were recorded. Content analyses of expectational, interactional and communicational variables were compared with questionnaire data gathered at periodic intervals during the course of treatment. Among other conclusions the authors stated:

When both members of a dyad are in agreement regarding their reciprocal obligations and returns, there is consensus or similarity of expectations, and harmony or stability occurs in their interpersonal relations. The system is then said to be in equilibrium. But when there is any degree of discrepancy or lack of consensus between the participants, and their expectations are dissimilar, the role system is disequilibrated and manifestations of strain appear in their interpersonal relations. If expectations are too dissimilar, the

social system disintegrates unless the differences can be reconciled. (p. 153)

In a study involving 120 students in introductory psychology courses, Price and Iverson (1969) found a positive relationship between confirmation of expectation and attribution of positive characteristics to the counselor. The experimenters did not measure the actual expectations of the 120 subjects but instead deduced, previous to conducting the study, that certain counselor behaviors would be expected by the subjects. The students listened to taped excerpts from an initial counseling session with a college freshman as the client. Five types of counselor verbal role behavior were manipulated to reflect confirmation or disconfirmation of five types of expectations which the experimenters assumed were held by the subject group. The role behaviors manipulated were: (1) high or low commitment to the client, (2) being problem centered or focusing on topics irrelevant to the client's problem, (3) self-confidence in helping the client or personal insecurity in dealing with the client's problem, (4) reflective or directive orientation, and (5) confirmation or disconfirmation of the client in a favorable self image. The findings demonstrated a positive relationship between confirmation of subject expectations and favorable subject perception of the counselor for all of the verbal behaviors except reflective versus directive orientation.

Since the researchers did not measure the actual expectations of the subjects in the study, they could only assume that their opinion of what is expected counselor verbal behavior was correct. Rather than suggest that students would expect reflective behavior (as the authors did), it would be consistent with the results of other research to assume that students vary individually and that they would rate their counselors based on confirmation of their particular expectations. Since other studies have shown that many clients have directive expectations, it follows that many of the subjects in the study conducted by Price and Iverson would have directive expectations which would be confirmed by directive role behavior and disconfirmed by reflective role behavior.

Three studies by Heilbrun (1961, 1968 and 1970) may contribute to an understanding of role conflict in the counseling interaction. In a study involving 78 female counseling center clients and 18 counselors, Heilbrun (1961) found a counselor dominance by client autonomy interaction when continuance was the dependent variable. Autonomous female clients were more likely than less autonomous clients to remain with counselors with high dominance scores on the Edwards Personal Preference Schedule. The author suggested that the dominant counselor lets the female clients know early in the relationship that he will not take responsibility for maintaining the interaction. Autonomous clients

are willing to accept this condition, while clients who are not autonomous will not and may terminate.

In research designed to explain the meaning of premature termination, Heilbrun (1968) again used a college psychological center sample. Counselor ratings of client problem solving behavior during early counseling contacts were obtained on 32 male and 19 female clients. Counselor ratings were classified as dependency problem solving behavior or independency problem solving behavior and compared to client scores on the Counseling Readiness Scale of the Gough Adjective Checklist which had been found to discriminate between continuers (high counseling readiness clients) and terminators (low counseling readiness clients) in past research. The author found a sex by problem solving interaction such that male dependent problem solving and female independent problem solving clients were classified as continuers most often on the Counseling Readiness Scale.

The findings of a previously cited Heilbrun study (1970) may also be explained in terms of role conflict. In this study, female subjects classified as terminators on the Counseling Readiness Scale were more likely than continuers to prefer directive counselor responses. Relying on Parker's (1967) findings that male counselors showed a significant tendency to make more nondirective than directive statements to female clients in initial contacts, Heilbrun explained



that this nondirective style would complement the independent problem solving female and reinforce continuation. Conversely, this nondirective style would frustrate the needs and expectations of the dependent problem solving terminator.

In a different type of approach, Biddle (1957) had subjects view skits portraying parts of an initial counseling session. He found subjects more likely to feel "uneasy" and be resistant when the emphasis of the play did not conform to their expectations which were classified as expectations for problem solving or for relationship building. Biddle concluded that nonconformity of the counselor to the client's norms leads to less progress in all phases of the initial interview than does conformity.

Several studies have investigated the effectiveness of precounseling preparation in altering the role expectations of clients. Hoehn-Saric, Frank, Imber, Nash, Stone and Battle (1964) used a Role Induction Interview (RII) to prepare 20 neurotic outpatients for participation in therapy with psychiatric residents. This group was compared with another group of twenty patients who did not participate in the RII. The experimental group exhibited better in-therapy behavior, had a better attendance rate and were rated more favorably by therapists with respect to establishing and maintaining a therapeutic relationship.

Orne and Wender (1968) used the phrase "anticipatory socialization for psychotherapy" to describe the process of teaching clients about psychotherapy and the roles of therapist and client. They noted that some clients have had little experience, either direct or indirect, with psychotherapy and little idea of what to expect. Basing his or her expectation on the only model (medical doctor) in his or her experience, the client expects to be questioned and provided with concrete help. The authors continued by describing the frustrations of both the client and the therapist as they maintain their initial perception of their respective roles, each assuming that the other is at fault. The process of anticipatory socialization was suggested by Orne and Wender as a preventative measure to reduce the role conflict created by incompatible role expectations.

Strupp and Bloxom (1971) tested the effectiveness of a video tape which they developed for use in preparing lower class clients for group psychotherapy. One hundred twenty-two clients were equally divided among three conditions and assigned to therapy groups of eight to twelve members. In one condition, the clients viewed a video tape portraying a lower class person's experience with an emotional problem and his resulting positive involvement in a psychotherapy group. In the second condition, clients participated in a group role induction interview designed to explain the process and goals of group psychotherapy.

Clients assigned to the third condition received no treatment prior to entering psychotherapy. Clients in both role induction conditions demonstrated more favorable results on numerous process and outcome measures. In summary, the authors suggested: "We have presented consistent evidence that a role-induction procedure facilitates a favorable therapy experience for lower class clients" (p. 66). Although both procedures were effective, the video tape seemed to be slightly superior to the interview.

In summary, the data from numerous studies establish that when counselor role expectations and/or counselor behavior during the initial stage of counseling are not congruent with client role expectations, the probability that the client will react negatively to the counselor is increased. Counseling relationships in which role conflict is low are more likely to be successful than are counseling relationships in which the role conflict is high. Clearly, role conflict during the initial counselor-client interaction affects the subsequent relationship.

As noted earlier, there was evidence to suggest that the population of interest in this research would have predominantly Approval-Advice counseling role expectations. The literature in the previous section verifies a premise that directive counselor role behavior would confirm these Approval-Advice expectations. Therefore, since the literature has also demonstrated that confirmation of role

expectations is related to the presence of favorable client attitudes toward the counselor, it was hypothesized that, in the present study, the group which listened to a tape portraying directive counselor role behavior would have higher identification and inclusion scores than the group which listened to a tape portraying nondirective counselor behavior. In addition, the literature summarized in the previous section provides support for an hypothesis relative to the interaction of client role expectations and counselor role behavior. It has been shown that although counselor role behavior may influence client attitudes toward the counselor, such results are related primarily to whether the counselor's role behavior confirms or disconfirms the client's preconceived role expectations. Consequently, it was hypothesized that groups where role expectations were confirmed by counselor role behavior would show higher levels of identification and inclusion than groups whose role expectations were disconfirmed by counselor behavior.

It may be noted at this time that no hypotheses relative to a direct relationship between client role expectation and the dependent variables were stated. The basis for this omission is found in both the theoretical and research literature contained in the present chapter. According to role theory, role expectations are functional only in an interaction context. This assumption is corroborated by research which has demonstrated that, for the most part, it

is not the client's initial role expectation which is significant in affecting the client's attitudes toward the counselor but confirmation or disconfirmation of the client's role expectations.

### Counselor Sex

Another variable which was introduced in this study was sex of the counselor. There has been limited research in counseling which has contributed to an understanding of the effect of counselor sex on the counseling relationship. Koile and Bird (1956) found that, although freshman college students with both personal and vocational problems preferred a counselor of their own sex,

. . . the proportionate number of problems on which women were willing to consult a man counselor . . . was considerably greater than the proportionate number on which men were willing to consult a woman counselor. (p. 104)

These findings are consistent with research with children (Brown, 1956, 1957) in which it was demonstrated that the sex role preferences of boys are strongly masculine while the preferences of girls are variable. Boys establish masculine role preferences much earlier than girls establish feminine role preferences; and after preferences of girls become more feminine, they are still more variable than those of boys.

In a previously cited study, Fuller (1964) found that among college students of both sexes, there was a preference

for male counselors in discussing vocational and personal problems with the exception that females preferred a female counselor when discussing personal problems. The preferences of women were more variable than the preferences of men.

Boulware and Holmes (1970) described findings similar to those of Fuller. Using 60 male and 60 female undergraduate students as subjects, the experimenters exposed them to four pictures of potential therapists which were varied for age and sex. They found that older males were the preferred therapists for both sexes with the exception that females tended to prefer older female therapists when discussing personal problems. Boulware and Holmes have also cited unpublished research (Levy and Iscoe, 1963) which was consistent with their study. Using a design similar to Boulware and Holmes, Levy and Iscoe found a preference for male therapists by both sexes.

Mezzano (1971) in a study of student concerns and sexual preference found a pattern similar to other studies. In general, students (1495) of both sexes in grades seven through 12 preferred male counselors for the problems which they ranked as most important. In examining preferences by grade classification, he found that students in grades seven and eight were more likely to prefer counselors of their own sex while students in grades nine through 12 had mixed preferences. In grades nine through 12 students of both sexes were more likely to indicate a preference for male counselors

when discussing concerns for the future, concerns about school and vocational concerns. Female students in all grades indicated a stronger preference for female counselors when discussing personal and social problems.

Using an approach different from other research on sexual preference, Simons and Helms (1976) found a consistent preference for female counselors in two different groups. They presented stimulus pictures of four males and four females from four age categories to 32 female undergraduates and 32 noncollege females and had them answer questions which measured their expectations of counseling climate, willingness to disclose, counselor competence and counselor preference. In addition to being given a standard introduction to each picture, the women were told that the counselors were specialists in counseling women. The researchers found a significantly higher preference for female counselors in both groups as measured on all four scales. They suggested that their findings were an indication of the changing attitudes of women and a result of their introduction of the counselors as specialists in counseling women.

There has been no research relating counselor sex to the dependent variables of this study (identification and inclusion) and no research confirming a relationship between preference for counselor sex and the dependent variables. There does, however, seem to be a basis for the assumption

of a relationship between counselor sex and identification and inclusion.

Identification occurs in situations where the individual has a need to choose an appropriate model (Ziller, 1973). The criteria for choosing a model include the value attributed to the person or to the position the person occupies and the degree of social reinforcement associated with identifying with the person. It can be inferred from past research that there is a cultural preference associated with the male role and that more highly valued characteristics are attributed to the male role (Fuller, 1964). It has also been suggested that because of the unique cultural experiences of the adolescent delinquent, the male position is more highly esteemed among this group than in the primary culture. Furthermore, because most authorities in the life space of the delinquent are male, it may be assumed that males would be viewed as being more capable of providing reinforcement. Therefore, it was consistent with these premises to hypothesize that the group which listened to tapes presenting male counselors would have higher identification scores than the group which listened to tapes presenting a female counselor.

Inclusion denotes a perception that the included person is in the same social field as oneself and a willingness to allow oneself to be influenced by the other person. As in identification, inclusion is mediated by attractiveness and



the anticipation of reinforcement. Consequently, it was hypothesized that the group which listened to tapes presenting male counselors would have higher inclusion scores than the group which listened to tapes presenting a female counselor.

It is relevant to note that no hypothesis regarding a counselor role behavior by counselor sex interaction has been stated. It is expected that the result of grouping subjects across these two variables will be additive such that male directive counselors will receive the highest scores, female directive the next highest scores, male non-directive the third highest and female nondirective the lowest. Additionally, no hypothetical statement has been offered regarding an interaction of counselor sex and client role expectation.

### Criterion Variables

In keeping with an interest in the process of the counseling social system, criterion variables which reflect the client's perception of the social relationship between counselor and client were chosen. These variables included client identification with the counselor and client perception of whether he or she is within the same social field as the counselor (inclusion). Since these concepts were taken from a social psychological theory of personality developed

by Ziller (1973), his discussion of the self-social components is used extensively.

Identification occurs during the process of socialization through the selection of appropriate models of human behavior. Adaption of the individual to his social environment is facilitated through identification with significant others who provide such models.

In his discussion of identification, Ziller (1973) has noted the relationship between identification and the psychoanalytic concept of introjection of the generalized other. Introjection of the generalized other is the process of incorporating the perceptions and responses of others into the concept of self. Ziller assumed that identification involves introjection. He further stated:

More directly, however, identification may be understood as modeling behavior. Through the selection of an appropriate model of human behavior and through the process of imitation, socialization is facilitated. Appropriate or adaptive behaviors and attitudes for given situations may not be within the given repertoire of the individual. A convenient way to learn the appropriate behaviors and attitudes is to observe the behavior of a selected or available model, a person or group of persons who may be observed emitting the crucial responses. If the person is similar to the self or a person whom one is pleased to imitate, a minimum of adaptation for differences between self and other (the model) is required.

By modeling others or identifying with others, the individual can expect with high reliability that his behavior will be supported by others. Thus, social interest and expectation of social support are allied concepts.

The parents serve as convenient models in the process of socialization, and retardation of identification with parent is usually assumed to retard the socialization process. The expanding social environment, however, presents an array of individuals who may serve as models, such as friends and teachers. The ability to identify with more than one group of significant others including parents, friends, and teachers is assumed to be associated with higher expectancy of social reinforcement. (p. 34)

Identification of the client with the counselor is significant, both as a basis for effective communication and in the sense of the counselor being a model in the socialization of the client. For example, in both behavioral and relationship approaches to counseling, modeling has been used to prepare clients for counseling, to induce higher levels of information seeking and to develop more adaptive social behavior (Kruboltz, Varenhorst and Thorensen, 1967; Heller, 1969). In addition, changes in client values in the direction of counselor values (Rosenthal, 1955) and the differential response of clients to counselor similarity and dissimilarity (Cook, 1966) may be interpreted as reflecting modeling on the part of the client. At a minimum, identification serves to reduce client resistance, increase trust and allow the client to be more receptive to counselor communication.

Inclusion denotes the existence of a relationship between self and others. The individual who perceives self as located within the same social field as a significant other is establishing the basis of interaction between himself and

the other person. Exclusion implies movement away from the person and limitation of the interaction by the boundaries of the social field.

In the present study, inclusion of self within the social field of the counselor is viewed as important to the development of a productive counseling relationship. If the client does not perceive his interaction with the counselor as occurring within the same social field, the potential exists for the client to block the development of a counseling social system.

### CHAPTER III

#### DESIGN OF THE STUDY

A review of the literature pertinent to the present research has demonstrated that client directive and non-directive role expectations, counselor directive and non-directive role behavior and counselor sex are factors present during the initial interview which exert an influence on the later development of the counseling relationship. It was proposed that, during the initial interview, these factors affect the client's identification with the counselor and the client's inclusion of self within the same social field as the counselor. In relating this proposal to the present research, several hypotheses were offered. In this chapter the experimental design constructed to test these hypotheses is described.

#### Subjects

The subjects were students at Lancaster Youth Development Center, one of several institutions operated by the Florida Division of Youth Services. The center is a regional facility serving primarily youthful offenders whose home residences are in North Central Florida. Students come

from both urban and rural areas and are representative of the total population under supervision by the Division of Youth Services. Although the students' backgrounds are varied as to past legal offenses, most are under supervision because of repeated minor offenses and disruptive home and school behavior. At the time that this research was conducted there were approximately 160 students in residence at the center.

Each student at the center is assigned to one of nine cottages. An attempt was made to include all students from the nine cottages in the research. Students in the orientation (new students arriving at the center) and security (students held temporarily for violation of rules) units were not included because they were not participating in the regular program of the institution. There were approximately 10 students in these programs during the week that the research was conducted. Other students who did not participate were temporarily excused from their usual schedule (in the hospital; appointments with dentists, doctors, etc.; special work assignments; or special school programs).

The final subject group included 104 male and 23 female students. They ranged in age from 13 to 18 years and consisted of 43 black and 84 white students. Modal age was seventeen, and mean age sixteen. Since subjects only reported age in years, the mode seems to be a more representative measure. A further breakdown of subjects by

race and sex is presented in Table 3.1. Subject age and sex are compared in Table 3.2

In order to check for representativeness of the sample, data were obtained on the racial and sexual compositions of several programs operated by the Florida Division of Youth Services. According to a report in which the 1973 population of training schools in Florida was surveyed, approximately 79 percent of that population were male and 21 percent were female (State of Florida, 1977c). In a study which used a sample of 100 students furloughed in 1973 from three types of small, community-based residential programs, 4 percent of the sample were female, 96 percent were male, 34 percent were black and 64 percent were white (State of Florida, 1977b). Of the 190 students included in a study of the Division of Youth Services family group home program during 1975 and 1976, 37 percent were female, 63 percent were male, 36 percent were black and 64 percent were white (State of Florida, 1977a).

#### Counseling Tapes

Four audio tapes were used to introduce and control for counselor role behavior and counselor sex. As preparation for making the tapes, a transcript was made from a counseling interview with an adolescent client. The problem discussed by the client was general enough that any student in the subject group could conceivably identify with the

Table 3.1  
Number and Percent of Sample by Race and Sex  
N = 127

	Black 43 (34%)	White 84 (66%)
Male 104 (82%)	36 (28%)	68 (54%)
Female 23 (18%)	7 ( 6%)	16 (12%)

Table 3.2  
Number of Sample by Age and Sex  
N = 127

	13	14	15	16	17	18
Total 127	5	13	24	30	42	13
Male 104	4	7	18	25	38	12
Female 23	1	6	6	5	4	1



situation. Specifically, a problem situation was chosen which might involve either a male or female client.

From this typescript, two scripts were fabricated, one to reflect a directive counseling style (Appendix A, p. 119) and the other to reflect a nondirective counseling style (Appendix A, p. 127). Parker's (1967) descriptions of directive and nondirective counselor responses were used. According to Parker, directive counselor responses are defined as those which tend clearly to lead, direct or control the verbal activity during the counseling interview. In his study, direct responses included asking direct questions (DQ), approval and encouragement (AE), giving information (IN), forcing the topic (FT), reassurance (RS), and persuasion (PS).

Nondirective counselor remarks are defined by Parker "as those which would tend to give responsibility of decision for choice of area and direction of verbal activity largely to the client as well as those responses which reflect or clarify the client's affect." Nondirective responses included mm-hmm (m), simple acceptance (SA), maintaining initiative for the discussion with the client (FN), the traditional nondirective lead (ND), restatement of all or part of what the client has just said (RC), and clarification of feeling (CF).

Client responses were consistent between the two types of transcripts and varied only to allow for an integration of counselor and client responses. In the directive script

approximately 85 percent of the counselor responses were directive and in the nondirective script approximately 85 percent were nondirective.

Two fifteen minute tapes were made from each transcript. The part of counselor was acted directly from the transcript by two paraprofessional counselors (one male, one female). Each actor played the role based on both transcripts; thus, the male and female counselor each portrayed the nondirective and the directive style. The resulting four tapes included two with a male counselor and two with a female counselor. The client part was read verbatim by the experimenter in all conditions. This procedure was used to control for variability due to sex of the client on the tape and other personal characteristics which may have influenced subject reaction during the experimental procedure.

### Instruments

#### Psychotherapy Expectancy Inventory-Revision

The Psychotherapy Expectancy Inventory-Revision (PEI-R) (Appendix B, p. 135) is a revision of an instrument originally designed to measure patients' role expectancies (Berzins, 1966). The original Psychotherapy Expectancy Inventory (PEI) was written to include four role expectancy categories, Nurturant (patient expects to be guided and protected by a benevolent figure), Critical (patient expects to receive rational guidance and correction, Self-reliant

(patient expects to help himself via verbal initiative) and Cooperation (patient expects emotional give and take in an egalitarian context).

The PEI-R was developed by factor analysis of the responses of 271 male and 237 female college clients to the original PEI which consisted of 60 questions (Berzins, 1971). Four six item subscales were formed from the analysis. Although the subscales corroborated the original four category model, the constructs were named to make them more consistent with item content. These new categories were Approval-seeking, Advice-seeking, Audience-seeking, and Relationship-seeking. The resulting PEI-R is a 30 item questionnaire consisting of 24 keyed items and six fillers. Each of the four subscales has six items. Clients respond to each item on a seven point scale with a response of "1" meaning the client doesn't expect the behavior described in the item, a response of "4" meaning it is moderately expected and a response of "7" meaning it is strongly expected. Each subscale is scored by summing the responses to the six items and dividing by six to indicate mean level of response.

Normative data were obtained on the PEI-R after administration to 637 male and 604 female outpatients of a university clinic. There was a significant positive relationship ( $r = .34$ ) between the approval and advice subscales and the audience and relationship subscales ( $r = .52$ ). The Approval-Advice (APPROV-ADVICE) subscale pair has been termed the "dependency upon others" role orientation and the

Audience-Relationship (AUDIEN-RELAT) subscale pair has been termed the "turning toward others and self" role orientation. According to Berzins (1971) "these rôle orientations are consistent with the theoretical notions that guided the initial construction of the PEI and can be regarded as useful 'second order' conceptualizations . . . ." (p. 4).

Internal consistency estimates for the 1241 patient sample were .75 for APPROV, .83 for ADVICE, .86 for AUDIEN, and .87 for RELAT. Although no test-retest coefficients are available for the PEI-R, test-retest coefficients for PEI scores obtained from psychotherapy clients ranged from .54 to .68 with a one week interval and from .56 to .76 with a four week interval.

Few tests of validity have been applied to the PEI-R; however, some research relevant to the validity of this instrument has been reported (Berzins, 1971). Using the Behavioral Correlates (BC) Scale (an instrument to measure client therapy behavior), Berzins had four therapists rate the interview behavior of 63 clients who previously had completed the PEI. Behaviors included in the BC are comparable to the behaviors described in the PEI and the PEI-R. Correlations between the four scales of the PEI and comparable scales of the BC ranged from .24 to .43 (p .10 or better, two tailed test). Using a larger sample of clients ( $n = 96$ ), PEI scores were found to be uncorrelated with the Marlowe-Crowne Social Desirability Scales.

Although no comparable studies have been conducted with the PEI-R, the convergent/discriminant validity of the PEI-R has been examined in relation to patient concurrent scores on the Personality Research Form, patient self reported symptomatology, therapist reported clinical judgements and decisions, selected background indices and outcome of brief psychotherapy. Using a sample of 117 male and 102 female clients of a college mental health clinic, correlations between PEI-R scores and scores from the Personality Research Form (PRF) were obtained. In discussing his findings, when comparing scores on the two instruments, Berzins has stated: ". . . the data offer better support for the two broader role orientations (dependency upon others: APPROV and ADVICE; turning toward others and self: AUDIEN and RELAT) than for each of the specific subscales" (p. 5).

The APPROV and ADVICE scales were both correlated ( $p \leq .05$ ) with several scales of the PRF. The resulting composite profile suggests that a person with APPROV-ADVICE role expectations is approval dependent, help seeking, structure seeking, dependent and cautious. This profile is congruent with previous theoretical notions about clients with directive role expectations.

Although less support was found for a general AUDIEN-RELAT profile, the AUDIEN and RELAT scales were correlated with several scales of the PRF. The composite profile for the AUDIEN and RELAT scales describes a person who is dominant, friendly, affiliative and open. This description

supports previous assumptions about a nondirective role set.

In summarizing the data contributed by correlating patient self-reported symptomatology and the PEI-R, Berzins stated:

Rather than denoting a high degree of association between specific expectancies and symptoms, the present data suggest that the 'dependent' role orientation generally covaries with greater (and the 'turning toward others and self' with lesser) degrees of felt symptomatic distress. (p. 6)

Additional support for validity is contributed by the fact that several background indices were found to be related to the ADVICE and AUDIEN scales. Clients with prior therapy experience had high AUDIEN scores and low ADVICE scores. Older clients with higher academic status had the highest AUDIEN scores, while younger clients with lower academic status had the highest ADVICE scores. Finally, it was found that when family background was compared to the PEI-R, persons with highly educated parents had the lowest ADVICE scores. These results are in agreement with research that has demonstrated that lower class, less educated persons tend to have directive role expectations while higher class, better educated persons tend to have nondirective role expectations.

As previously noted, the APPROV and ADVICE subscales and the AUDIEN and RELAT subscales are consistently related. The resulting two role expectation orientations are comparable to Parker's (1967) description of directive and

nondirective counselor behavior. The APPROV-ADVICE orientation indicates interest in obtaining the counselor's support and emotional guidance and expectancies that the therapist will provide cognitive guidance and evaluation. Similarly, Parker's description of directive counselor behavior included approval and encouragement, giving information, reassurance and persuasion. The AUDIEN-RELAT orientation indicates that the client anticipates engaging in verbal initiative and spontaneous disclosure in the context of a comfortable, egalitarian relationship with the counselor. Parker's description of nondirective behavior included maintaining initiative for discussion with client, clarification of feelings and other responses which give responsibility for content and direction to the client.

In scoring the PEI-R for purposes of this research the subscales were paired, thus forming two scales (APPROV-ADVICE and AUDIEN-RELAT). Scores for each subscale pair were obtained by summing the scores for the two original subscales. The range of possible scores for each scale was 12 to 84. Each subject's predominant role orientation was determined by his or her higher score on the two scales.

The PEI-R was modified in two ways for the use in the present research. The word counselor was substituted in every case for the word therapist. In several items idiomatic phrases which were not common to the population being studied were deleted and comparable phrases which were understandable to this group were substituted. This procedure

was carried out in consultation with a reading specialist in order to increase the probability that the statements would have comparable meaning. As an additional check, the readability level of the test was determined by using a procedure developed by Fry (1968), which uses length of sentences and numbers of syllables to arrive at an estimate of reading level. According to the Fry Readability Formula, the PEI-R, with the modifications mentioned above, has a sixth grade reading level.

In order to test this modified form of the PEI-R, it was administered to a group of ten adolescent, delinquent males who were residents of a small state operated treatment facility. The group was comparable in age and socioeconomic background to the residents of larger state institutions for delinquents. Each subject was given a test booklet with the answer grids next to each question. The instructions and the test items themselves were given orally by the experimenter. The subjects were instructed to read along with the experimenter and to answer each question as it was given. Following the testing, the experimenter elicited reactions and feedback from the group.

Reliability for this modified form of the PEI-R was determined by split-half method. A correlation coefficient of .625 was obtained for the APPROV-ADVICE subscale pair and was corrected for length by the Spearman-Brown formula which yielded a reliability coefficient of .763. For the AUDIEN-RELAT subscale pair an uncorrected coefficient of .724 was



obtained and converted by the Spearman-Brown formula to a reliability coefficient of .839.

Based on the feedback received from the group, minor changes were made in several items in order to make them more understandable. The instructions were not altered as this group appeared to be able to follow them easily. Because of the low reading level of the population being studied, the instructions (Appendix B, p. 135) and the items from this instrument were read to subjects in the present research. As noted in the instructions, time was allowed prior to the testing to clarify the instructions.

#### Social Orientation Tasks

Social Orientation Tasks (SOT) (Appendix B, p. 140) are derived from social psychological theories of personality which stress the inherently social nature of man. By arranging symbols representing self and others, the subject demonstrates his perception of his relationship to significant others. Ziller (1973) has used SOT extensively in the development of a cognitive theory of personality related to social psychological theory. About this theory Ziller has stated:

Social adaptation is presumed to be mediated by self other concepts. It is proposed that social stimuli are screened and translated into personal meaning through crude mappings of the self in relation to significant others. (p. 4)

At the present time, the instrument developed by Ziller has three forms: adult, student and child. The tasks in the instrument are interpreted as reflecting 10 components of self other orientation: (1) self esteem, (2) social interest, (3) self centrality, (4) complexity, (5) majority identification, (6) identification, (7) power, (8) marginality, (9) inclusion, and (10) openness.

The tasks are primarily nonverbal and the instructions give no clues to the specific concepts being measured, thus resulting in low visibility for the instrument. Because of their low visibility, the tasks are less susceptible to error due to biased responses. In addition, this reliance on preverbal communication allows the subject to project his perceptions rather than have to respond within the limitations of the investigator's frame of reference.

Those components of self other orientation of interest in the present study were inclusion and identification. Although the tasks were essentially the same as those used in other studies, they were modified to include the counselor as a significant person in the subject's life space. Since explanations of the components have been described in the previous chapter, they are not included here. The tasks used to measure each component, data on reliability and validity, modifications of the tasks and interpretation of the responses of subjects are presented below. In explaining the basic components, Ziller's (1971) discussion of the concepts is relied upon.

## Identification

### Intensity

("id") .

Children's Form: This item is only used with children and students. A horizontal display of 9 circles is presented. A significant "other" such as "mother" is located in the circle to the extreme left and later to the extreme right. The task requires the subject to mark any of the other circles in the row to represent himself. Distance in units from the significant other is the measure of identification intensity. The circle immediately adjacent to the significant other is scored 8 and the succeeding circles 7, 6, 5, etc. The score for identification with one significant other such as mother is equivalent to the sum of the scores from the two identification items using mother as the focal other. The focal persons include mother, father, and friend.

Reliability: Split-half reliability corrected for length:

1. Mother: .80 (99 high school students)  
          .94 (81 fifth grade students)
2. Father: .95 (99 high school students)  
          .85 (81 fifth grade students)
3. Friend: .78 (99 high school students)  
          .78 (81 fifth grade students)

### Validity:

1. Girls locate self closer to mother than do boys; boys locate self closer to father than do girls.
2. Under conditions where the father is absent from the family, there is lesser identification with the father.
3. Institutionalized behavior problem children in comparison with a control group are less identified with a friend.
4. Asian Indian students in comparison with a control group of American students identified more with mother, father and friend.

5. First born children identify more closely with the father than do later born children.

#### Identification (Range)

("g")

Adult's and Student's Forms: In the two tasks of this type, the subject is required to arrange circles representing nine significant people including the self into as few or as many groups as he wishes. With regard to children, inclusion of the father or mother within the self grouping is deemed significant. . . . . The score is simply the number of social objects included within the self category for the two items. The self, of course, is not included in the score.

Reliability: Split-half reliability corrected for length is .88 (99 high school students), .86 (81 fifth grade students), .89 (207 ninth grade students).

#### Validity:

1. Institutionalized behavior problem children in comparison with controls include fewer others within the self grouping.
2. Male neuropsychiatric patients in comparison with normals tended to include fewer others within the self grouping.

In the present study, the identification items were modified to include counselor as a focal person in the intensity items and counselor as one of the significant others in the grouping tasks. The intensity items were scored just as in the original tasks. Two items of this type were included. In the grouping tasks, placing the counselor in the group with self was given a score of "2" with all other placements being scored "1". Three grouping items were used.

The range of possible scores for identification was 5 to 22.

### Inclusion

("i")

Adult's, Student's and Children's Forms: Varying numbers of small circles are located inside and outside a symbolic social field. The small circles represent the self and other persons. The subject is asked to mark one of the small circles to stand for himself. Choice of a circle within as opposed to outside the social field is assumed to indicate inclusion and receives a score of one. If an outside circle is selected, a score of zero is ascribed. Eight items are included which counterbalance the number of persons represented inside and outside the social field. The sum of the scores for the eight items is the total inclusion score.

Reliability: Split-half reliability corrected for length was .63 (299 teachers, principals, superintendents, and politicians).

The inclusion items were modified in two ways. In each task there were only two circles in the symbolic social field. The number of circles outside of the field varied among items as in the original tasks. The items were also changed so that in each task one of the circles in the social field was marked "C" for counselor. The instructions were altered to explain the placement of counselor to the subjects. As in the original instructions, subjects were asked to place a "Y" in one of the small circles to stand for self. Placement of self within the social field of the counselor was scored as "2" while placement out of his field

was scored "1". There were six items of this type presented. The range of possible inclusion scores was 6 to 12.

Identification and inclusion items were interspersed with self esteem items when presented to subjects. Self esteem scores were not included in the analysis.

### Data Sheet

In order to consider the possible effect of pre-existing factors on the criterion variables, subjects completed a data sheet (Appendix B, p. 157) on which several questions were asked. From these questions scores were obtained for rating of past counseling, number of counselors, types of counselors and expressed interest in seeing a counselor. In addition each subject gave his or her age in years.

### Procedure

#### Grouping

In an attempt to be as unobtrusive as possible, students were exempted as groups from part of their regular schedule. In most cases they were tested during a time that they normally would have been participating in a study laboratory. Since students were assigned to their regular groups based on their cottage groups, they were called back to their cottages at prearranged times and exposed to the experimental

procedure. Groups ranged in size from four to ten students with the exception of one group of fifteen. All groups were homogeneous for sex. Groups were assigned to listen to one of the four experimental tapes, the only consideration being an interest in equal representation among groups.

### Introduction to Subjects

Students were told that the experimenter was gathering information about what students like themselves thought of counselors. The experimenter stressed that the study would be important in helping counselors understand the needs and points of view of students. They were assured that the experimenter was not connected with the school and that their answers would be seen only by the experimenter. (This point was restated during the course of the session.)

Although students were not forced to participate in the experiment, their participation was assumed. Any questions about the necessity of participating were either reflected or answered with a restatement of the experimenter's desire that they participate. No students refused to participate although two students did not complete the instruments which were a part of the research. Three other students were excused during the experimental procedure and therefore did not complete all of the instruments.

Because several documents were completed by each student and the experimenter wished to maintain confidentiality, each student was instructed to place his or her name beside a number on a sheet of paper. They were then instructed to place this number on the data sheet and on all subsequent documents in order to insure that all of their papers could be placed together.

Initially all students were given the data sheet to complete. Items from the data sheet were read in order by the experimenter and any questions were answered and terms defined. All 127 subjects completed this form.

#### Administration of the PEI-R

After completing the data sheet, students were reminded that the experimenter was interested in their points of view about counselors. Some discussion was facilitated about the different counselors to whom they had been assigned and they were asked to direct their attention to the PEI-R which had been handed out. The experimenter read the instructions (Appendix B, p. 135) for the PEI-R, emphasizing that he was interested in their thoughts about an imaginary counselor and not an actual counselor that they may have had then or at one time. The PEI-R was administered with the experimenter reading each item.



### Experimental Manipulation

Following the administration of the PEI-R one of the four audio tapes was introduced. The procedure for construction of the tapes was explained to the students (with the exception of the alteration of scripts). They were told that a tape recording had been made of a counseling session with a counselor and a student like themselves. Sex of the student was emphasized as male for male groups and female for female groups. Students were told that a script similar to one used by actors was then made from the tape in order to hide the identity of the counselor and the student. At this time it was explained that a new tape had been made with another counselor playing the part of the counselor and the experimenter playing the part of the student. The purpose of the study was emphasized again and students were asked to put themselves in the position of the student, paying close attention to what the counselor said since they would be asked for their responses after they heard the tape.

Following the tape the SOT was introduced with the experimenter stressing that any reference to counselor meant the counselor on the tape to which they had just listened. The SOT was administered with the experimenter reading the instructions for each item.

All documents were collected and subjects were given an opportunity to discuss their reaction to the experimental

procedure, the tape or any of the instruments. The experimenter specifically elicited their opinions of counselors and counselor roles.

## CHAPTER IV

### DATA ANALYSIS AND RESULTS

The theoretical notion which guided the development of the present study was that the counseling relationship is a social system which is subject to a dynamic developmental process. Within this framework the initial counselor-client interaction is designated as the first stage in the development of a counseling social system and therefore predictive of the future existence of the system. A review of the literature has demonstrated that, among the factors which may influence this developing social system, three factors are client role expectation, counselor role behavior and counselor sex.

In order to test these assumptions, a population (identified adolescent delinquents) in which these factors seemed especially important was chosen, criterion variables (identification and inclusion) which were congruent with a social system model of counseling were selected and an experimental design was developed and carried out. The counseling role expectations of 127 institutionalized adolescent delinquents were measured. Subsequently they were exposed to one of four audio tapes on which counselor

role behavior and counselor sex had been manipulated. Following their exposure to these tapes, subjects completed Social Orientation Tasks (SOT) which measured degree of identification with the counselor and degree of inclusion of self within the same social field as the counselor.

In this chapter the procedures used in analyzing the data from the present study and the results of the study are presented. The first section is a review of the process through which the data were organized and a description of the statistical methods which were applied in analyzing the data. In the second section the results of these analyses are examined.

### Data Analysis

Previous to performing the study, the following null hypotheses were posited:

- (1) There will be no difference in identification scores between groups divided according to counselor role behavior.
- (2) There will be no difference in identification scores between groups divided according to counselor sex.
- (3) There will be no client role expectation by counselor role behavior interaction when identification is the dependent variable.

- (4) There will be no difference in inclusion scores between groups divided according to counselor role behavior.
- (5) There will be no difference in inclusion scores between groups divided according to counselor sex.
- (6) There will be no client role expectation by counselor role behavior interaction when inclusion is the dependent variable.

As noted in Chapter II, no hypotheses regarding a main effect for client role expectation, an expectation by counselor sex interaction, nor a counselor role behavior by counselor sex interaction were proposed. It was suggested that when subjects were grouped using counselor role behavior and counselor sex there would be an additive effect.

Total N for this research was 127. All subjects completed the initial data sheet. Two subjects failed to complete the Psychotherapy Expectancy Inventory-Revision (PEI-R) and the SOT. Three other subjects completed the PEI-R but did not complete the SOT.

Each subject was classified into one of two groups using the higher score on the two scales of the PEI-R. In addition to the two previously mentioned subjects who did not complete the PEI-R, four subjects were unclassifiable due to having equal scores on both scales. The range of scores for the 121 classifiable subjects was 18 to 81 on the APPROVAL-ADVICE scale and 14 to 77 on the AUDIENCE-RELATIONSHIP scale.

Eighty-one (81) students were classified as APPROVAL-ADVICE and forty (40) students as AUDIENCE-RELATIONSHIP.

In order to test the validity of the classification, the mean score of the two groups on each of the scales was compared. On the APPROVAL-ADVICE scale the group classified as APPROVAL-ADVICE had a mean score of 65.67 while the group classified as AUDIENCE-RELATIONSHIP had a mean score of 53.48. These data are presented in Table 4.1. An analysis of variance performed to compare the two groups on APPROVAL-ADVICE scores yielded an  $F$  score of 36.778 which was significant at the .001 level. A summary of this analysis is presented in Table 4.2.

On the AUDIENCE-RELATIONSHIP scale the group classified as APPROVAL-ADVICE had a mean score of 50.80 and the group classified as AUDIENCE-RELATIONSHIP had a mean score of 63.48. These data are presented in Table 4.3. An  $F$  score of 31.122 is produced when these means are compared by analysis of variance. Table 4.4 summarizes this analysis of the data.

In Chapter II, following a review of relevant literature, an assumption was made that the counseling role expectations of adolescent identified as delinquent would be predominately APPROVAL-ADVICE type expectations. In order to test this assumption the mean scores of the subject group on the two scales of the PEI-R were compared. On the APPROVAL-ADVICE scale the mean score was 60.824 and on the AUDIENCE-RELATIONSHIP scale the mean score was 54.392.

Table 4.1  
Means and Standard Deviations  
APPROVAL-ADVICE Scores  
Groups Classified by Role Expectation

	$\bar{X}$	S.D.
Total N = 121	61.64	11.85
APPROV-ADVICE N = 81	65.67	10.10
AUDIEN-RELAT N = 40	53.48	11.00

Table 4.2  
Analysis of Variance  
APPROVAL-ADVICE Scores  
Groups Classified by Role Expectation

Source	Sum of Squares	Degrees of Freedom	Mean Square	F
Between Groups	3980.025	1	3980.025	36.788*
Residual	12877.793	119	108.217	

\*p<.001

Table 4.3  
Means and Standard Deviations  
AUDIENCE-RELATIONSHIP Scores  
Groups Classified by Role Expectation

	$\bar{X}$	S.D.
Total N = 121	54.99	13.15
APPROV-ADVICE N = 81	50.80	12.50
AUDIEN-RELAT N = 40	63.48	10.07

Table 4.4  
Analysis of Variance  
AUDIENCE-RELATIONSHIP Scores  
Groups Classified by Role Expectation

Source	Sum of Squares	Degrees of Freedom	Mean Square	F
Between Groups	4300.176	1	4300.176	31.122*
Residual	16442.621	119	138.173	

\*p<.001



These differences were tested by a paired t-Test which yielded a value for t of 5.04. These data are presented in Table 4.5. The significant t-score provides support for an assumption that the subject group had predominately APPROVAL-ADVICE role expectations.

Scores on the two scales of the PEI-R were examined in relation to subject sex and subject race. These comparisons are found in Tables C.1, C.2, C.3, C.4 (Appendix C, pp. 159-160).

Subjects were further classified according to the level of the two experimental factors (counselor role behavior and counselor sex) to which they were exposed on the audio tapes. Although subject sex was not a factor in the original experimental design, its potential influence during the experimental procedure was considered. As a result, subject sex was introduced as an additional factor previous to the statistical analyses. Subjects were therefore grouped across four factors, client role expectation, counselor role behavior, counselor sex and subject sex, each represented by two levels.

In Chapter III it was noted that each subject completed a data sheet, the scores from which were to be considered as possible covariants during the statistical analyses. In order to measure the strength of the relationship between each of these scores and the criterion variables, identification and inclusion, a Pearson correlational procedure was

Table 4.5  
Paired t-Test  
Approval-Advice and Audience-Relationship Scores

	Mean	Standard Deviation	Standard Error
Approval- Advice	60.8240	13.177	1.179
Audience- Relationship	54.3920	13.993	1.252
	Difference (Means)	Standard Deviation	Standard Error
	6.4320	14.259	1.275

$t = 5.04$  ( $p < .0001$ , d.f. = 124)

performed. It was determined that, in order to be included as a covariant, the correlation between any of these scores (rating of past counseling, number of counselors, types of counselors, expressed interest in seeing a counselor and subject age) and one of the criterion variables should be .31 or above (accounting for 10 percent of the variance). No coefficient was .31 or above, therefore none of these scores was used as a covariant. Table C.5 (Appendix C, p. 161) and Table C.6 (Appendix C, p. 161) display these correlation coefficients.

Two four-way factorial analyses of variance were the primary statistical tests, one analysis being performed for each of the two criterion variables, inclusion and identification. Because of unequal cell frequencies, a classical experimental approach was used in the analyses. Allowing for unclassified subjects on the factor role expectation and missing identification and inclusion scores, data for 119 subjects were available for analysis. The level of statistical significance acceptable for these analyses was set as equal to or less than .05.

### Results

For purposes of clarity, the results of each of the two four-way factorial analyses of variance are presented separately. The results when identification was the criterion variable are presented first. Following these results

are the results with inclusion as the criterion variable.

### Identification as Criterion

A four-way factorial analysis of variance was performed with the factors client role expectation, counselor role behavior, counselor sex and subject sex, each at two levels and using identification as the criterion variable. A summary of this analysis is found in Table 4.6. In the presentation of the results of this analysis, data relevant to three null hypotheses are reviewed first, followed by an examination of data for the factor subject sex. Finally, other data will be surveyed in order to explore the relationship among factors.

### Counselor role behavior

Earlier in this chapter it was demonstrated that the subjects in the present research had predominately APPROVAL-ADVICE type role expectations. This finding supports a previous assumption which had led to a prediction that directive counselor role behavior would result in higher levels of identification. In order to test this prediction, the following null hypothesis was stated:

There will be no difference in identification scores between groups divided according to counselor role behavior.

Table 4.6  
Four-Way Factorial Analysis of Variance  
Identification as Criterion

Source	Sum of Squares	d.f.	Mean Square	F	p
<b>Main Effects</b>					
Role Expectation (RE)	3.352	1	3.352	0.342	n.s.
Pole Behavior (RB)	246.938	1	246.938	25.228	0.0001
Counselor Sex (CS)	77.218	1	77.218	7.889	0.006
Subject Sex (SS)	1.815	1	1.815	0.185	n.s.
<b>Two-Way Interactions</b>					
RE by RB	939.444	1	939.444	95.978	0.0001
RE by CS	3.473	1	3.473	0.355	n.s.
RE by SS	10.749	1	10.749	1.098	n.s.
RB by CS	21.841	1	21.841	2.231	n.s.
RB by SS	3.916	1	3.916	0.400	n.s.
CS by SS	35.498	1	35.498	3.627	0.060
<b>Three-Way Interactions</b>					
RE by RB by CS	7.215	1	7.215	0.737	n.s.
RE by RB by SS	5.109	1	5.109	0.522	n.s.
RE by CS by SS	5.544	1	5.544	0.566	n.s.
RB by CS by SS	4.524	1	4.524	0.462	n.s.
Residual	1017.963	104	9.788		

Examination of the mean identification scores of groups differentiated by counselor role behavior which are presented in Table 4.7 reveals a mean score of 16.0000 for subjects exposed to directive role behavior and a mean score of 12.8871 for subjects exposed to nondirective role behavior. Analysis of these differences yields an  $F$  score of 25.228 which is significant beyond the .001 probability level. The null hypothesis is therefore rejected.

#### Counselor sex

It was predicted that male counselors would invoke higher levels of identification than female counselors among the subjects in this study. The following null hypothesis was therefore posited.

There will be no difference in identification scores between groups divided according to counselor sex.

Means and standard deviations of identification scores for groups determined by counselor sex are presented in Table 4.8. Subjects exposed to a male counselor had a mean score of 15.3333 while subjects exposed to a female counselor had a mean score of 13.4068. The  $F$  score resulting from an analysis of these differences was 7.889 which was significant at the .006 probability level. As a result of these findings the null hypothesis is rejected.

Table 4.7  
Counselor Role Behavior  
Means and Standard Deviations--Identification Scores

	$\bar{X}$	S.D.	N
Directive	16.0000	4.6029	57
Nondirective	12.8871	4.6873	62

Table 4.8  
Counselor Sex  
Means and Standard Deviations--Identification Scores

	$\bar{X}$	S.D.	N
Male	15.3333	4.1156	60
Female	13.4068	4.8329	59

Client role expectation by counselor role behavior

Following a review of relevant research (Chapter II), it was stated that client role expectations were most productively studied in relation to counselor role behavior. As a result no hypothesis regarding a main effect for client role expectation was presented. An analysis of the data seems to support this assumption. The mean identification score for the APPROVAL-ADVICE group was 14.2532 and the mean score for the AUDIENCE-RELATIONSHIP group was 14.6250. These data are presented along with their standard deviations in Table 4.9. The test for a main effect for role expectation supports an assumption of no difference between groups.

Although no main effect for client role expectation was expected, it was suggested that there would be an interaction of the two factors client role expectation and counselor role behavior created by the process of confirmation or disconfirmation of role expectations by role behavior. Therefore, the following null hypothesis was tested:

There will be no client role expectation by counselor role behavior interaction when identification is the dependent variable.

Referring again to Table 4.6, which summarizes the analysis of variance, one finds a highly significant F score for the test of an interaction between client role



expectation and counselor role behavior. In order to determine the source of the interaction, a test of simple main effects was performed. This test demonstrated that there was a significant difference between the cell means when compared at the two levels of both factors.

In Table 4.10 the means and standard deviations of identification scores are listed for the four groups created by crossing the two factors. A summary of the test of simple main effects is presented in Table 4.11. In Figure 4.1 the mean scores resulting from the interaction of the two levels of each factor are plotted. Based on these analyses the null hypothesis is rejected.

#### Subject sex

An examination of Table 4.12 reveals that male subjects had a mean identification score of 14.2784 while female subjects had a mean score of 14.8182. The test applied to these means yielded a nonsignificant F ratio. The data do not suggest a main effect for subject sex.

A further inspection of Table 4.6 shows that a test for interaction between counselor sex and subject sex produced an F ratio of 3.627 ( $p < .06$ ). An inspection of cell means shows that among female subjects those exposed to a male counselor had higher identification scores ( $\bar{X} = 17.1818$ ) than those exposed to a female counselor ( $\bar{X} = 12.4545$ ).

Table 4.9  
Client Role Expectation  
Means and Standard Deviations--Identification Scores

	$\bar{X}$	S.D.	N
Approval- Advice	14.2532	4.8713	79
Audience- Relationship	14.6250	4.0679	40

Table 4.10  
Client Role Expectation by Counselor Role Behavior  
Means and Standard Deviations--Identification Scores

	Role Expectation			
	Approval- Advice $\bar{X}$	S.D.	Audience- Relationship $\bar{X}$	S.D.
Role Behavior Directive	18.1622 (N = 37)	2.2300	12.0000 (N = 20)	3.2444
Role Behavior Nondirective	10.8095 (N = 42)	3.8524	17.2500 (N = 20)	2.9890

Table 4.11  
 Test of Simple Main Effects--Identification  
 Client Role Expectation by Counselor Role Behavior

Source	Sum of Squares	d.f.	Mean Square	F	p
Role Expectation (RE)					
RE at Directive RB	3.352	1	3.352	0.342	n.s.
RE at Nondirective RB	492.973	1	492.973	50.365	0.0001
	561.984	1	561.984	57.416	0.0001
Role Behavior (RB)					
RB at Approval-Advice RE	246.938	1	246.938	25.228	0.001
RB at Audience-Relationship RE	1063.434	1	1063.434	108.647	0.0001
	275.625	1	275.625	28.159	0.0001
Residual	1017.963	104	9.788		

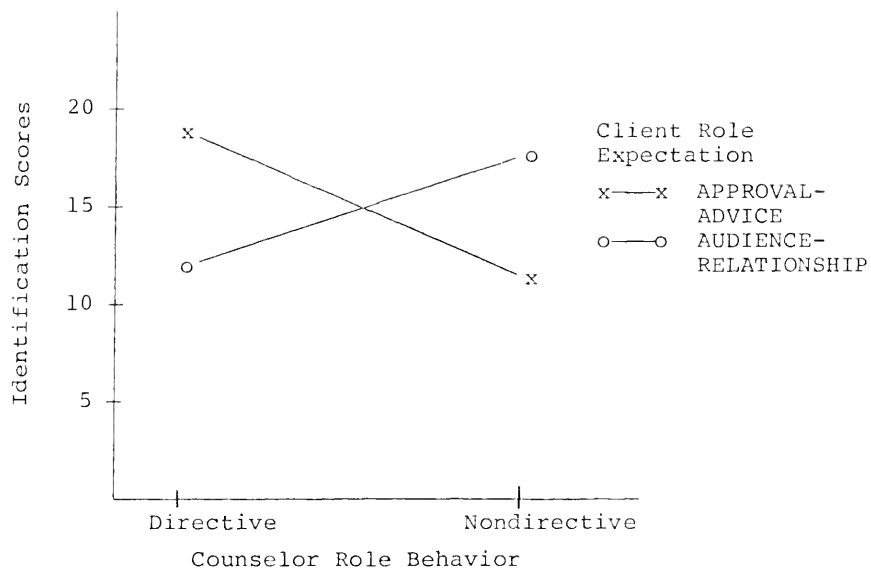


Figure 4.1 Interaction: Client Role Expectation by Counselor Role Behavior - Identification Scores

These means are found in Table 4.13. The data suggest that there is a trend in the direction of an interaction between counselor sex and subject sex.

The means and standard deviations for the interactions client role expectation by counselor sex, client role expectation by subject sex, counselor role behavior by counselor sex and counselor role behavior by subject sex are presented in Tables 4.14, 4.15, 4.16 and 4.17, respectively. Although none of these interactions was significant, inspection of cell means may contribute to an understanding of the results of this study.

Upon reviewing Table 4.14, an interesting observation is made. While subjects from both role expectation groups seem to have higher identification scores with male counselors, the difference for the APPROVAL-ADVICE group is larger. APPROVAL-ADVICE subjects exposed to male counselors had a mean identification score of 15.49 while those exposed to female counselors had a mean score of 12.92.

The two factors, counselor role behavior and counselor sex, were both expected to produce a main effect. Combining subjects across these two factors was expected to create an additive effect. An inspection of Table 4.16 shows that, although the effect was primarily additive, a result similar to the one noted for client role expectation and counselor sex is present. Among subjects exposed to nondirective counselors, the group exposed to the nondirective female

Table 4.12  
Subject Sex  
Means and Standard Deviations--Identification Scores

	$\bar{X}$	S.D.	N
Male	14.2784	4.5546	97
Female	14.8182	4.8954	22

Table 4.13  
Counselor Sex by Subject Sex  
Means and Standard Deviations--Identification Scores

	Counselor			
	$\bar{X}$ Male	S.D.	$\bar{X}$ Female	S.D.
Subject Male	14.9184 (N = 49)	4.2123	13.625 (N = 48)	4.8364
Subject Female	17.1818 (N = 11)	3.1880	12.4545 (N = 11)	5.2795

Table 4.14  
Client Role Expectation by Counselor Sex  
Means and Standard Deviations--Identification Scores

	Role Expectation			
	Approval- Advice		Audience- Relationship	
	$\bar{X}$	S.D.	$\bar{X}$	S.D.
Counselor				
Male	15.4878 (N = 41)	4.4448	15.0000 (N = 19)	3.3830
Counselor				
Female	12.9211 (N = 38)	5.0156	14.2857 (N = 21)	4.6599

Table 4.15  
Client Role Expectation by Subject Sex  
Means and Standard Deviations--Identification Scores

	Role Expectation			
	Approval- Advice		Audience- Relationship	
	$\bar{X}$	S.D.	$\bar{X}$	S.D.
Subject				
Male	13.9844 (N = 64)	4.8517	14.8485 (N = 33)	3.9221
Subject				
Female	15.4000 (N = 15)	4.9541	13.5714 (N = 7)	4.8941

Table 4.16  
Counselor Role Behavior by Counselor Sex  
Means and Standard Deviations--Identification Scores

	Role Behavior			
	Directive $\bar{X}$	S.D.	Nondirective $\bar{X}$	S.D.
Counselor				
Male	16.4688 (N = 32)	3.5285	14.0714 (N = 28)	4.4201
Counselor				
Female	15.3500 (N = 25)	4.4179	11.9412 (N = 34)	4.7815

Table 4.17  
Counselor Role Behavior by Subject Sex  
Means and Standard Deviations--Identification Scores

	Role Behavior			
	Directive $\bar{X}$	S.D.	Nondirective $\bar{X}$	S.D.
Subject				
Male	16.0222 (N = 45)	3.7264	12.7692 (N = 52)	4.6972
Subject				
Female	15.9167 (N = 12)	4.8703	13.5000 (N = 10)	4.8362



counselors had a noticeably lower mean identification score ( $\bar{X} = 11.9412$ ) than the group exposed to the male nondirective counselor ( $\bar{X} = 14.0714$ ).

A further explanation of these data is found when mean scores of the eight groupings created by mixing client role expectation, counselor role behavior and counselor sex are examined in Table 4.18. The group of subjects with APPROVAL-ADVICE expectations exposed to the female nondirective condition has the lowest mean identification score. Failure of any of these interactions to reach significance is probably due in part to the low cell frequencies.

#### Inclusion as Criterion

A second four-way factorial analysis of variance was performed with inclusion as the criterion variable. A summary of this analysis is outlined in Table 4.19. In this section the results of this analysis will be considered. The order of this section will be to present first the findings regarding the null hypotheses and then to examine the results of tests for the effect of subject sex for which no hypotheses have been stated.

#### Counselor role behavior

The following null hypothesis was tested:

There will be no difference in inclusion

Table 4.18  
Client Role Expectation by Counselor Role Behavior by Counselor Sex  
Means and Standard Deviations--Identification Scores

	Role Expectation				Audience-Relationship			
	Approval-Advice		Role Behavior		Role Behavior		Nondirective	
	Directive	$\bar{X}$	S.D.		Directive	$\bar{X}$	S.D.	S.D.
Counselor								
Male	18.0435 (N = 23)	2.5132	12.2222 (N = 18)	4.2642	12.4444 (N = 9)	2.3511	17.3000 (N = 10)	2.3594
Counselor								
Female	18.3571 (N = 14)	1.7368	9.75000 (N = 24)	3.2067	11.6364 (N = 11)	3.9057	17.2000 (N = 10)	3.6454

Table 4.19  
Four-Way Factorial Analysis of Variance  
Inclusion as Criterion

Source	Sum of Squares	d.f.	Mean Square	F	p
<b>Main Effects</b>					
Role Expectation (RE)	0.257	1	0.257	0.137	n.s.
Role Behavior (RB)	28.384	1	28.384	15.096	0.0001
Counselor Sex (CS)	1.606	1	1.606	0.854	n.s.
Subject Sex (SS)	1.458	1	1.458	0.775	n.s.
<b>Two-Way Interactions</b>					
RE by RB	166.622	1	166.622	88.620	0.0001
RE by CS	0.028	1	0.028	0.015	n.s.
RE by SS	4.822	1	4.822	2.565	n.s.
RB by CS	0.926	1	0.926	0.493	n.s.
RB by SS	2.087	1	2.087	1.110	n.s.
CS by SS	13.998	1	13.998	7.445	0.007
<b>Three-Way Interactions</b>					
RE by RB by CS	0.010	1	0.010	1.062	n.s.
RE by RB by SS	3.228	1	3.228	1.717	n.s.
RE by CS by SS	0.758	1	0.758	0.403	n.s.
RB by CS by SS	0.218	1	0.218	0.116	n.s.
Residual	195.540	104	1.880		

scores between groups divided according to counselor role behavior.

Referring to Table 4.19 one finds an  $F$  score of 15.096 for the main effect of counselor role behavior. An examination of Table 4.20 shows that subjects exposed to directive counselors had a higher mean inclusion score ( $\bar{X} = 9.7018$ ) than subjects exposed to nondirective counselors ( $\bar{X} = 8.7581$ ). This difference is in the predicted direction and the  $F$  ratio is beyond the expected level, therefore the null hypothesis is rejected.

#### Counselor sex

A test of the following null hypothesis was performed.

There will be no difference in inclusion scores between groups divided according to counselor sex.

A nonsignificant  $F$  score of .854 is produced when inclusion scores for the two levels of counselor sex are compared. The mean scores for the two groups, which are presented in Table 4.21, are 9.1500 for the male counselor and 9.2712 for the female counselor. Based on the data the null hypothesis is accepted.

Table 4.20  
Counselor Role Behavior  
Means and Standard Deviations--Inclusion Scores

	$\bar{X}$	S.D.	N
Directive	9.7018	2.0178	57
Nondirective	8.7581	1.7712	62

Table 4.21  
Counselor Sex  
Means and Standard Deviations--Inclusion Scores

	$\bar{X}$	S.D.	N
Male	9.1500	1.8940	60
Female	9.2712	2.0073	59

### Client role expectation by counselor role behavior

It seems important to reiterate that no hypothesis regarding a main effect for client role expectation was stated. Support is again found for the assumption underlying this omission when the mean inclusion scores of the two role expectation groups are compared. The APPROVAL-ADVICE group had a mean score of 9.2278 and the AUDIENCE-RELATIONSHIP group a mean of 9.1750, as shown in Table 4.22. The  $F$  ratio for the test of differences was nonsignificant.

An interaction effect was expected between client role expectation and counselor role behavior with inclusion as the criterion variable just as was expected when identification was the criterion. Therefore, the following null hypothesis was tested.

There will be no client role expectation by  
counselor role behavior interaction when  
inclusion is the dependent variable.

The  $F$  score resulting from a test of this interaction was 88.620. The mean scores for the four cells, which are shown in Table 4.23, indicate that the interaction is in the predicted direction. In order to verify the source of the interaction, a test of simple main effects was carried out. This test revealed a significant difference between the two levels of both factors. Figure 4.2 graphically displays these findings by plotting the mean inclusion scores of

Table 4.22  
Client Role Expectation  
Means and Standard Deviations--Inclusion Scores

	$\bar{X}$	S.D.	N
Approval- Advice	9.2278	1.9933	79
Audience- Relationship	9.1750	1.8382	40

Table 4.23  
Client Role Expectation by Counselor Role Behavior

	Role Expectation Approval- Advice		Audience- Relationship	
	$\bar{X}$	S.D.	$\bar{X}$	S.D.
Role Behavior Directive	10.6757 (N = 37)	1.5102	7.9000 (N = 20)	1.4832
Role Behavior Nondirective	7.9524 (N = 42)	1.4134	10.4500 (N = 20)	1.1459

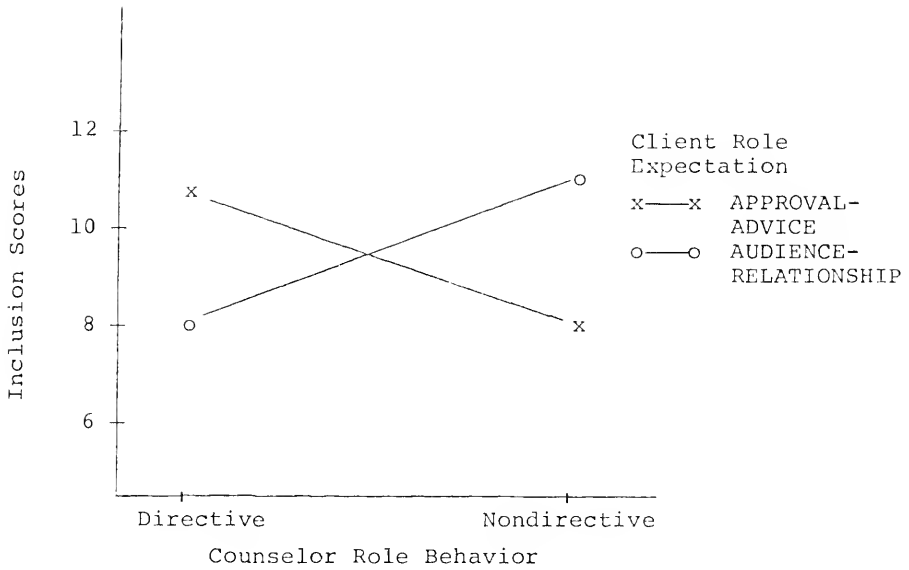


Figure 4.2 Interaction: Client Role Expectation by Counselor Role Behavior - Inclusion Scores



combined levels of both factors. High mean scores are present for APPROVAL-ADVICE by directive combinations and AUDIENCE-RELATIONSHIP by nondirective combinations. Low mean scores are shown for APPROVAL-ADVICE by nondirective and AUDIENCE-RELATIONSHIP by directive combinations. A summary of the test of simple main effects is presented in Table 4.24. Based on the foregoing data the null hypothesis is rejected.

#### Subject sex

An inspection of Table 4.19 shows that the test of a main effect for subject sex produced a nonsignificant  $F$  ratio. The mean inclusion score of male subjects was 9.2474 while the mean score for female subjects was 9.0455. These data are found in Table 4.25.

Further examination of Table 4.19 supports the existence of an interaction between subject sex and counselor sex ( $F = 7.445, p < .007$ ). Applying a test of simple main effects it was found that the interaction was resulting from the difference in scores for male and female subjects who were exposed to the female counselor and from difference in the scores of female subjects exposed to male and female counselors. These data are listed in Table 4.26 and graphically displayed in Figure 4.3. The test of simple main effects is summarized in Table 4.27.

Table 4.24  
 Test of Simple Main Effects--Inclusion  
 Client Role Expectation by Counselor Role Behavior

Source	Sum of Squares	d.f.	Mean Square	F	p
Role Expectation (RE)					
RE at Directive RB	0.257	1	0.257	0.137	n.s.
RE at Nondirective RB	100.022	1	100.022	53.203	0.0001
	84.516	1	84.516	44.955	0.0001
Role Behavior (RB)					
RB at Approval-Advice RE	28.384	1	28.384	15.096	0.0001
RB at Audience-Relationship RE	145.886	1	145.886	77.599	0.0001
	65.025	1	65.025	34.588	0.0001
Residual	195.540	104	1.830		

Table 4.25  
Subject Sex  
Means and Standard Deviations--Inclusion Scores

	$\bar{X}$	S.D.	N
Male	9.2474	1.8486	97
Female	9.0455	2.3192	22

Table 4.26  
Counselor Sex by Subject Sex  
Means and Standard Deviations--Inclusion Scores

	Counselor			
	$\bar{X}$	Male S.D.	$\bar{X}$	Female S.D.
Subject				
Male	9.0000 (N = 49)	1.8451	9.5000 (N = 48)	1.8565
Subject				
Female	9.8182 (N = 11)	2.1363	8.2727 (N = 11)	2.3277

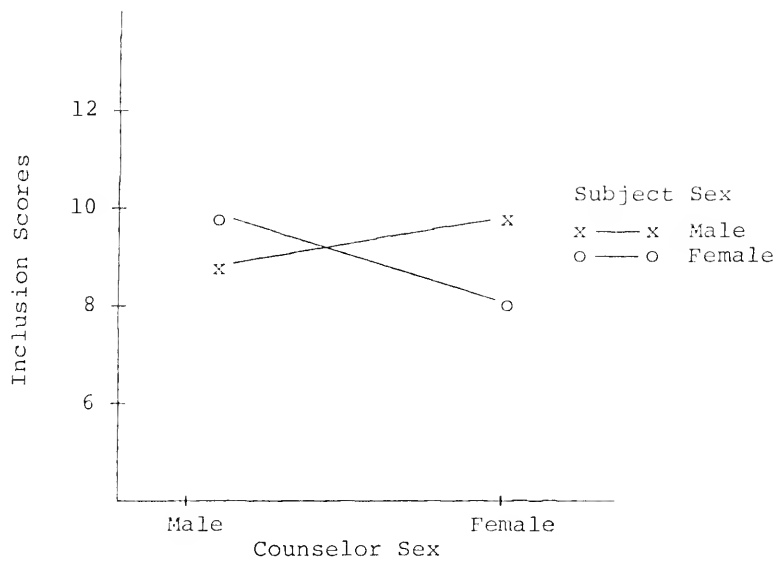


Figure 4.3 Interaction: Counselor Sex by Subject Sex - Inclusion Scores

Table 4.27  
 Test of Simple Main Effects--Inclusion  
 Counselor Sex by Subject Sex

Source	Sum of Squares	d.f.	Mean Square	F	p
Counselor Sex (CS)					
CS at Subject Sex--Male	1.606	1	1.606	0.854	n.s.
CS at Subject Sex--Female	6.062	1	6.062	3.224	n.s.
	13.136	1	13.136	6.987	0.01
Subject Sex (SS)					
SS at Counselor Sex--Male	1.458	1	1.458	0.775	n.s.
SS at Counselor Sex--Female	6.014	1	6.014	3.208	n.s.
	13.480	1	13.480	7.170	0.01
Residual	195.540	104	1.880		

Means and standard deviations of inclusion scores for the remaining two-way combinations are listed in Tables C.7 (client role expectation by counselor sex) (Appendix C, p. 162), C.8 (client role expectation by subject sex) (Appendix C, p. 162), C.9 (counselor role behavior by counselor sex) (Appendix C, p. 163) and C.10 (counselor role behavior by subject sex) (Appendix C, p. 163). These data will not be reviewed in this section; however, it can be noted that none of the  $F$  ratios for tests of these interactions approached the level of significance set for this research.

### Summary

In this chapter the procedures and methods of data analysis and the results of the present study have been reviewed. The primary statistical tests were two four-way analyses of variance involving two levels of each of the factors, client role expectation, counselor role behavior, counselor sex and subject sex. One analysis was performed for each of the criterion variables, identification and inclusion.

Several of the assumptions and predictions of the present research have been supported by the data presented in this chapter. Specifically, it was found that, as a group, these subjects had higher APPROVAL-ADVICE than AUDIENCE-RELATIONSHIP client role expectations. At the same

time it was shown that different types of role expectation did not result in differences in the two criterion variables, inclusion and identification. Of the six research hypotheses five were supported by the findings of this study. A difference on both criterion variables was found between groups exposed to two types of counselor role behavior; a difference in identification scores was present between groups exposed to either a male or female counselor and, with both identification and inclusion, an interaction occurred between client role expectation and counselor role behavior. In addition, an interaction effect was found between the factors, counselor sex and subject sex, when inclusion was the criterion variable.

## CHAPTER V

### DISCUSSION

In the previous chapter the procedures used in analyzing the data gathered during the present study were described. Following this review of the methods of analysis, the findings of the research were listed in relation to their appropriate hypotheses. In this chapter some probable conclusions and implications of these findings are discussed. Following this discussion some limitations of the present study are examined.

In the present research the counseling relationship has been referred to as a social system and the initial counselor and client interaction has been described as the first stage in the development of the system. The rationale for the present study was based on the idea that certain factors operating during the initial counseling interaction exert an influence on the counseling process and therefore determine how the counseling social system will develop. It was theorized that three of the factors which would be operating during an initial interview would be client role expectation, counselor role behavior and counselor sex and that their influence on other important social psychological variables could be measured.



Because the development of a counseling social system was conceived of as a dynamic process, criterion variables which were congruent with such a conceptualization were chosen. Two social psychological type variables, identification and inclusion, were chosen because they would be reflective of the degree to which a social system was beginning to develop.

In developing the foundation for the present research it was suggested that lower class individuals would expect counselors' role behavior to be directive and guidance in nature. Since the population of interest was basically lower class, it was expected that they would have APPROVAL-ADVICE type expectations. The findings of the present study appear to confirm this assumption by demonstrating higher levels of APPROVAL-ADVICE expectations than AUDIENCE-RELATIONSHIP expectations among the subject group. The significance of this finding will be discussed in relation to the findings regarding counselor role behavior.

The literature review demonstrated that clients initially tend to respond more positively when counselor role behavior is congruent with their role expectations. Since it was assumed that the subject group would have primarily APPROVAL-ADVICE type expectations, it was predicted that subjects would be more likely to identify with and to include themselves in the social field of counselors who exhibited directive role behavior than counselors who exhibited nondirective role behavior. This premise was

supported when it was found that the group exposed to directive counselor role behavior had higher identification and inclusion scores than the group exposed to nondirective role behavior.

Further support for the theory that clients respond more favorably to counselor role behavior that confirms their expectations than to disconfirming role behavior was found when the interaction of role expectations and role behavior was examined. It was found that, regardless of initial client role expectation, higher levels of identification and inclusion occurred when role behavior was congruent with expectations than when role behavior was incongruent with expectations.

Taken together, the three findings discussed above lead to several tentative conclusions. When counselor role behavior and client role expectations are congruent a client is more likely to identify with and include himself or herself in the social field of the counselor. When role behavior and role expectations are incongruent, the possibility of identification and inclusion taking place is reduced. If one conceptualizes the counseling relationship as a dynamic social system, these findings can be used in explaining the failure of some counseling relationships to develop. If a social system is to develop, the members of the system must perceive of themselves as operating within the same social field. If the process of client inclusion is blocked, the development of the counseling system may be

blocked. In a similar way the process of identification is important to a social system description of counseling. In a counseling social system in which identification occurs, the foundation for a relationship is established. If identification fails to occur, the client does not conceive of the counselor as a model and is not likely to be responsive to counselor influence.

During the initial interview, a process occurs which determines whether further interaction will take place between counselor and client and to some extent the nature of that interaction. The counselor, through his or her actions, conveys a frame of reference to the client, a set of contingencies which define the relationship. At the same time the client, through his or her behavior, projects another conceptualization of the relationship. Drawing upon the findings of the present research, it is concluded that if these concepts of the relationship are in conflict, the development of the system may be blocked. In some instances the process may be prevented altogether from continuing; in others the system may be temporarily prevented from developing.

A survey of research on counselor sex and client preference has shown that clients of both sexes are more likely to prefer male counselors over female counselors, although the preference is stronger among male clients. The findings of these research studies have been explained as evidence of

cultural bias toward the male role which was assumed to be stronger among identified adolescent delinquents. Based on the findings of previous research, it was hypothesized that in the subject group of the present study a male counselor would invoke higher levels of identification and inclusion than a female counselor.

Partial support of this hypothetical statement was found when differences in identification scores occurred in the predicted direction. No differences were found between the two levels of counselor sex when inclusion was the criterion. Additional insight was gained when the interaction between counselor sex and subject sex was analyzed for both identification and inclusion scores. For both identification and inclusion, the mean scores were highest when subjects were paired with opposite sex counselors. When the differences were subjected to tests of significance, it was found that male subjects exposed to the female counselor had significantly higher inclusion scores than female subjects exposed to the female counselor and that among female subjects inclusion scores were higher for subjects who were exposed to the male counselor.

These findings regarding an interaction between counselor sex and subject sex were unexpected and seem most readily explained as a function of attraction. They do lead to a tentative conclusion that, with identified adolescent delinquents, higher levels of inclusion will occur when

students are assigned to opposite-sex counselors than when students are assigned to like-sex counselors.

### Implications

#### Counseling Practice

It seems that the findings of the present research suggest several possible actions on the part of the counselors. The first response of counselors would be to anticipate the process of role conflict which has been previously described and to be aware of the dynamics of this process as they occur. The manner in which counselors respond beyond being aware of the process may vary.

One way of applying the results of the present research would be to implement counselor client matching. In most settings large enough to have more than one counselor, this procedure probably occurs informally and in some settings it may be a formal process. Generally, the characteristics on which assignments are made, although they may be valid, are not measures of role expectation. One failure of these existing methods of matching counselor and client is that usually the decision for matching is made following the initial interview and after role conflict has had an opportunity to occur. Of course, an alternative method would be to measure role expectation previous to the initial interview and match client and counselor for the initial interview.

It is doubtful that instruments used to measure role expectation are sophisticated enough at the present time to warrant their practical application in matching counselors and clients. Additionally, a procedure for pairing counselors and clients, which is based only on role expectations, would not account for other factors which may be as significant as role expectations. Another difficulty with matching would be found in settings where most clients had a particular type of role expectation, especially if their role expectations were incongruent with those of most of the counselors.

Role induction procedures (Orne and Wender, 1968) and precounseling training programs (Strupp and Bloxom, 1971) have been described previously in this paper and have proven to be successful ways of preparing clients for engaging in a counseling relationship. In most settings, limitations on the number of clients available at any one time would probably prevent a formal training procedure from being feasible. At the same time it may be possible to prepare clients for counseling by integrating a role induction procedure into an intake process.

It would be possible to orient the initial interview toward a discussion of the counseling process. This procedure probably should include not only an induction of the client by defining the counseling relationship but also an exploration of the client's expectations for counseling. Client expectations could be explored in a fashion which

would demonstrate the counselor's expectations while attending to client expectations, thereby allowing the development of a dialogue. Such a procedure would be most important with clients from lower class, low educated population groups such as subjects in the present study. Since it is probable that these groups will have role expectations which are incongruent with usual counselor role behavior, they are more likely than other client groups to experience conflict.

The present research has specific implications for those counseling methods which define the counselor as an expert practitioner (i.e., behavioral, social influence model). Among clients who have directive or guidance (i.e., APPROVAL-ADVICE) expectations, the counselor may induce higher levels of identification and inclusion by exhibiting behavior which is congruent with client role expectations. As a result the client begins to perceive the counselor as a source of reinforcement and includes himself or herself within the field of influence of the counselor.

### Research

Future research in areas defined by the present study may take several forms. It would be enlightening to study the factors which contribute to and are related to the development of certain types of counseling role expectations. In addition, it may be productive to research the degree to

which expectations are amenable to change. Further research is needed to explain the effect of client identification and inclusion on the counseling process beyond the initial interview. Such research might observe the relationship between these variables and behavioral measures such as return rate, counselor-client interaction and degree of self exploration. Within a social system model of counseling it would seem reasonable to perform a study which uses counselors as subjects and measures the degree of counselor identification and inclusion with clients in relation to counselor role expectations, client role behavior and client sex. Such a study would complement the present research.

The degree to which counselor sex is a factor of importance beyond the initial contact is not known. Research which would observe the continuing influence of counselor sex on indices such as client return rate and level of participation in counseling may contribute to an understanding of the role of counselor sex in the present research. Other research might include an exploration of the inter-relationship of sex role preference, sex role identity, subject sex and counselor sex and the criterion variables, inclusion and identification.



### Limitations of the Study

The findings of the present research should be applicable to counseling interactions with adolescents who are identified as delinquent. Since this study explored only four factors in the initial counseling contact, generalization of these findings to other situations should not ignore other factors in the social system of counseling and should take into consideration the history and level of the counseling interaction being observed. Generalization of these findings to adolescent groups other than identified delinquents should be made with caution and with special attention to the social background and experiences of the group being studied.

## APPENDIX A

### SCRIPTS

DIRECTIVE SCRIPT

- C1 Do you know what this is?
- S1 No.
- C2 This is a tape recorder. It'll try to help us see what is said here. Later on, when we speak some more, we can understand what is going on. Try and forget all about it. I'll forget about it also . . . So you wrote on this paper what you are here for. Can you tell me something about it? . . . What do you think you are here for?
- S2 I wouldn't know.
- C3 You've no idea. Do you have any idea why some boys and girls come down here? What we do here? Any friends of yours?
- S3 There's a boy out there . . . . He's in my class.
- C4 Boys and girls come down here for lots of reasons.
- S4 Uh-uh.
- C5 What do you think he came down for?
- S5 I wouldn't know.
- C6 M-hm. Well, maybe I can help you in this way by trying to explain it . . . uh . . . . Some boys and girls come down and they talk about a lot of things. It could be school, it could be some personal problems. They may not be getting along with some teacher, they may not be getting the work in school. And . . . uh . . . it might be some home situation.
- . . . And, sometimes, by speaking about it we could help them. Well, how can I help you?
- S6 . . . I dunno.
- C7 Can you start off by perhaps telling me something about yourself.

- S7 Well . . . uh . . . where can I start?
- C8 Where would you like to start?
- S8 I have so many incidents, I wouldn't know where to start.
- C9 You could start by telling me some things about you.
- S9 I'll start with the first thing I remember. I don't know how old I was, but my . . . brother . . . uh . . . well, he liked . . . uh . . . uh . . . as far as I can remember, he liked to play with blocks and metal cars.
- C10 M-hm.
- S10 He's older than me.
- C11 M-hm. This is your older brother.
- S11 Yes, I only have one brother.
- C12 M-hm. How old is he?
- S12 . . . uh . . . . He would have been seventeen in June, I think.
- C13 You say he would have been?
- S13 He passed away a year ago.
- C14 Oh, what happened?
- S14 He was hit by a car.
- C15 M-hm.
- S15 And he busted someplace his back . . . and they rushed him to the hospital . . . . It was only five minutes away from my aunt's house. And . . . uh . . . they rushed him to the hospital, and he was getting along fine. This all happened while I was away on vacation.
- C16 During the Easter holidays?
- S16 Yes, and he--he was getting along fine, and . . . uh . . . when I came home they told me what happened. And . . . and I didn't pay too much attention to it. And . . . uh . . .
- C17 A lot of people probably wouldn't have thought much about it.

- S17 . . . He was getting along fine, and . . . uh . . . one day his girlfriend came in, and my brother . . . uh . . . couldn't see, and his girlfriend called the doctor, and the doctor examined him and he was bleeding intestinally.
- C18 Internally?
- S18 Yes.
- C19 This was in the hospital or in the house?
- S19 In the hospital, and . . . uh . . . they started pumping blood into him, but the faster they pumped it in the faster it came out.
- C20 What did they do then?
- S20 And he had to have an operation; they wanted to stop it . . . and they had the operation, and my brother was a cheerful kid. He may have done a lot of bad things, but I still like him. I never told anything about him.
- C21 You really liked your brother?
- S21 Yes, and . . . uh . . . he came through the operation O.K., but he didn't come out of the ether.
- C22 I can understand how you feel. Can you tell me something about the rest of your family?
- S22 Yes . . . . You want to know about my mother?
- C23 That sounds fine.
- S23 Well . . . uh . . . she passed away two years ago.
- C24 Mother also.
- S24 And . . . uh . . . she . . . she had leukemia.
- C25 How old a woman was she?
- S25 Forty-three, and . . . uh . . . it didn't affect me too much. I don't know why.
- C26 How old were you? Two years ago?
- S26 I was twelve when my brother died, and I was eleven with my mother.
- C27 Eleven years old.

- S27 I might have been ten . . . . It happened before.
- C28 It sounds like you may have been too young to understand.
- S28 And . . . uh . . . I dunno, she--she went into a hospital and they put her into a nursing home . . .
- C29 M-hm.
- S29 . . . where they know they can't get cured, and she passed away there while my father was there.
- C30 It's O.K. to feel kind of sad about things like that.
- S30 Now I know what it means without a mother and a brother.
- C31 What does it mean?
- S31 It doesn't feel very nice. Now I live with my great-aunt, and . . . uh . . . . Do you tell any of this to my parents?
- C32 I forgot to tell you. Let me explain something . . . that whatever we say here is confidential . . . so . . . uh . . . it doesn't go past me and you. That's it.
- S32 Thank you for telling me. And my great-aunt doesn't know too much about me; she says she does, but I know she doesn't.
- C33 Many times kids believe that their family doesn't understand them.
- S33 . . . uh . . . . One thing I know, that . . . uh . . . I did wrong to her; I'm just . . . I dunno, just lazy. I don't feel like doing anything or learning nothing.
- C34 Tell me more about your great-aunt.
- S34 Last night my great-aunt said, "Go to bed; you can't watch television no more." This was ten thirty. I should have went to bed at nine, but my cousin was there and . . . uh . . . then I started yellin' at her.
- C35 Do you get upset with your great-aunt often?
- S35 You know, I just feel so lazy. My uncle praises me and they're so good to me, but I . . . it doesn't help me none.

- C36 I get the feeling that you don't mean to be this way, but you are.
- S36 Uh-uh . . . . A couple of years back . . . this might have affected me, but I don't know . . . my father . . . I--I wouldn't say anything bad about him, but . . . this always comes up . . . but when I was a young kid . . . I don't remember him . . . I don't even know what he looked like . . . something tells me that I shouldn't remember, but my mother, she used to say that "Your father was no good, forget about him," and I--I guess my brother knows about it too.
- C37 M-hm.
- S37 But my mother says that he's no good . . . he always beat you up . . . beat the kids up.
- C38 You didn't remember any of this, but you were told this.
- S38 And . . . uh . . . he never brings any money home, he just comes home drunk, and . . . my mother left him and . . . and she didn't hear from him within nine years, and she got married again.
- C39 What about your stepfather?
- S39 . . . my stepfather, I think he's the best man I ever had to see.
- C40 You're very close with him . . .
- S40 Within the relationship I am, but I don't see him too often. But every Christmas I see him.
- C41 Let me understand: you live with your great-aunt, you say, and your uncle?
- S41 No, just my great-aunt. My uncle lives out of town.
- C42 Oh, but he came over last night.
- S42 M-hm.
- C43 How are things between you and your stepfather?
- S43 . . . my stepfather has given me everything. I can remember once my father . . . my stepfather hit me, and I started to cry. When my mother hit me, it hurts, but I don't cry.
- C44 You didn't want her to see that you were hurt.

- S44 Right. (Long pause)
- C45 You said all these things that have happened, that you've spoken about, affect . . . . In what way do they affect you?
- S45 I wouldn't know. I just say I think they affect me.
- C46 In what way? With people, when you're by yourself?
- S46 Well . . . well, in my other school I, you know, I always picked a fight.
- C47 I would like to know more about the fighting.
- S47 . . . every time I picked a fight they always fought back and I'd always win. But in this school . . . they all push me around, but I don't start anything. Today in--in the school yard, they started punching me, but I didn't pay no attention to them.
- C48 Even though they were punching you.
- S48 Just tryin' to read my comic.
- C49 Is the work harder?
- S49 No . . . . The work's easier.
- C50 It takes a while to adjust to a new school. It's not the work though?
- S50 No, it's just the children.
- C51 Sometimes they will pick on new kids to see what they will do.
- S51 . . . they pick on me . . . . Maybe in the other school they picked on me, but I know they didn't mean it. But here, I haven't been here long and I don't know what they mean.
- C52 So what we've been saying here is that we've spoken quite a bit about what has happened in the past and how all these things might have been affecting you now. About your older brother passing away, about your mother passing away, about . . . uh . . . how you used to be happy in this other school.
- S52 M-hm.



- C53 And now you've come to this school, things aren't the same as they used to be. Quite a bit has happened in the past few years, hasn't it?
- S53 Something tells me that you just forget about whatever happened, and whatever will happen . . . .
- C54 M-hm.
- S54 No teacher has hit me yet, and I don't think any teacher will in this school. In the other school the teachers was kinda rough on us.
- C55 Why should a teacher hit you?
- S55 Well, I guess 'cause we didn't do the work.
- C56 I believe that you will find that the teachers here will not do that.
- S56 If I do a little work, she just forgets about it.
- C57 What has happened in the past is over. I'm wondering if you're ready to start working toward something in the future.
- S57 M-hm.
- C58 . . . whether it's just being happier by yourself, or having some friends, or not having to get angry with your great-aunt, or not having to have her pick on you as much.
- S58 She only picks on me because she thinks I'm a very bad kid.
- C59 Why do you think that?
- S59 I have gotten in fights in school and argue with my aunt.
- C60 Maybe this is something that we can work on for the next time. What about you can be that bad? Are all these things that you've said that terrible, or are a lot of people like this? And if you're that bad, what can we do about it? And perhaps, well, after a while we can find out some of the good things--nice things.
- S60 No, I don't think I've been very nice. Sometimes it seems like there are so many things that have affected me . . . and I wonder if I can change.

- C61 It's not a matter of good or bad, or nice or not nice. I think it's a matter more of understanding, and I feel that you and I can do something with this. You think you understand why you feel this way or how you might affect other people. How do you feel about it?
- S61 I don't know. I guess whatever you wanna do, you can do.
- C62 It's whatever we want to do . . . . You see, I think we both have one purpose right now, you and I, and I think it's the same thing. It's trying to help you. And whether it's making you happy or getting you to see yourself differently, or getting you to just see yourself the way you are--you're the one who decides. I could only, you know, explain to you what you might be saying. I think we've covered quite a bit this time.

## NONDIRECTIVE SCRIPT

- S1 That's a tape recorder?
- C1 You're concerned about the tape recorder and perhaps a little anxious because of it . . . later, I will listen to it to help understand what we say here.
- S2 M-hm.
- C2 Can you tell me something about why you came?
- S3 I wouldn't know.
- C3 You're unclear . . .
- S4 There's a boy waiting outside from my class . . .
- C4 M-hm . . . and maybe you know why he has come down.
- S5 I wouldn't know.
- C5 Let me see if I understand . . . you decided to come down . . . you're not quite sure why . . . and you're not clear about what we may talk about . . .
- S6 Yeah.
- C6 Perhaps you can begin by telling me something about yourself.
- S7 Well . . . uh . . . where can I start?
- C7 It's difficult to decide.
- S8 I have so many incidents, I wouldn't know where to start.
- C8 There are so many things that you could start with . . .
- S9 I'll start with the first thing I remember. I don't know how old I was, but my . . . brother . . . uh . . . well, he liked . . . uh . . . uh . . . as far as I can remember, he liked to play with blocks and metal cars.

- C9 M-hm.
- S10 He's older than me.
- C10 M-hm. This is your older brother.
- S11 Yes, I only have one brother.
- C11 M-hm.
- S12 . . . uh . . . . He would have been seventeen in June, I think.
- C12 You say he would have been?
- S13 He passed away a year ago.
- C13 Oh, what happened?
- S14 He was hit by a car.
- C14 M-hm.
- S15 And he busted someplace his back . . . and they rushed him to the hospital . . . . It was only five minutes away from my aunt's house. And . . . uh . . . they rushed him to the hospital, and he was getting along fine. This all happened while I was away on vacation.
- C15 During the Easter holidays?
- S16 Yes, and he--he was getting along fine, and . . . uh . . . when I came home they told me what happened. And . . . and I didn't pay too much attention to it. And . . . uh . . .
- C16 You didn't think it was that serious at first.
- S17 No. He was getting along fine, and . . . uh . . . one day his girlfriend came in, and my brother . . . uh . . . couldn't see, and his girlfriend called the doctor, and the doctor examined him and he was bleeding intestinally.
- C17 Internally?
- S18 Yes.
- C18 In the hospital?
- S19 In the hospital, and . . . uh . . . they started pumping blood into him, but the faster they pumped it in the faster it came out.

C19 M-hm.

S20 And he had to have an operation; they wanted to stop it . . . and they had the operation, and my brother was a cheerful kid. He may have done a lot of bad things, but I still like him. I never told anything about him.

C20 His passing away really affected you.

S21 Yes, and . . . uh . . . he came through the operation O.K., but he didn't come out of the ether. . . .

C21 You were close with your brother . . . and talking about him now you begin to feel sad.

S22 Yes. . . . You want to know about my mother?

C22 You would like to tell me about your mother . . . ?

S23 Well . . . uh . . . she passed away two years ago.

C23 Mother also.

S24 And . . . uh . . . she . . . she had leukemia.

C24 M-hm.

S25 . . . uh . . . it didn't affect me too much. I don't know why.

C25 It didn't affect you but you're not sure why.

S26 I was young . . . twelve when my brother died, and . . . eleven with my mother.

C26 Eleven years old.

S27 I might have been ten . . . . It happened before.

C27 You feel you might have been too young at that time to realize.

S28 And . . . uh . . . I dunno, she--she went into a hospital and they put her into a nursing home . . .

C28 M-hm.

S29 . . . where they know they can't get cured, and she passed away there while my father was there.

- C29 These two things that have happened so recently must have you know, quite a lot of meaning to you . . . now.
- S30 Now I know what it means without a mother and a brother.
- C30 You can understand how it feels to lose a mother and brother.
- S31 It doesn't feel very nice. Now I live with my great-aunt, and . . . uh . . . . Do you tell any of this to my parents?
- C31 You're concerned . . . you wouldn't want them to know . . . what we say here stays here.
- S32 Thank you for telling me. And my great-aunt doesn't know too much about me; she says she does, but I know she doesn't.
- C32 You don't believe that your great-aunt knows you as well as she thinks.
- S33 . . . uh . . . . One thing I know, that . . . uh . . . I did wrong to her; I'm just . . . I dunno, just lazy. I don't feel like doing anything or learning nothing.
- C33 Lazy . . . sometimes you don't feel like doing anything.
- S34 Last night my great-aunt said, "Go to bed; you can't watch television no more." This was ten thirty. I should have went to bed at nine, but my cousin was there and . . . uh . . . then I started yellin' at her.
- C34 This was a situation where you knew what your great-aunt wanted but you got upset when she told you what to do.
- S35 You know, I just feel so lazy. My uncle praises me and they're so good to me, but I . . . it doesn't help me none.
- C35 What you seem to be saying is . . . I don't mean to be this way . . .
- S36 Uh-uh . . . . A couple of years back . . . this might have affected me, but I don't know . . . my father . . . I--I wouldn't say anything bad about him, but . . . this always comes up . . . but when I was a young kid . . . I don't remember him . . . I don't even know what he looked like . . . something tells me that I shouldn't remember, but my mother, she used to say that "Your father was no good, forget about him," and I--I guess my brother knows about it too.

- C36 Your mother would tell you these things.
- S37 . . . my mother says that he's no good . . . he always beat you up . . . beat the kids up.
- C37 You didn't remember any of this, but you were told this.
- S38 And . . . uh . . . he never brings any money home, he just comes home drunk, and . . . my mother left him and . . . and she didn't hear from him within nine years, and she got married again.
- C38 M-hm.
- S39 And my stepfather, I think he's the best man I ever had to see.
- C39 You're . . . close with him . . . .
- S40 Within the relationship I am, but I don't see him too often. But every Christmas I see him.
- C40 Let me understand: you live with your great-aunt, you say, and your uncle?
- S41 No, just my great-aunt. My uncle lives out of town.
- C41 Oh, but he came over last night.
- S42 M-hm.
- C42 M-hm.
- S43 And so my--my stepfather has given me everything. I can remember once my father . . . my stepfather hit me, and I started to cry. When my mother hit me, it hurts, but I don't cry.
- C43 You didn't want her to see that you were hurt.
- S44 Right. (Long pause)
- C44 You said all these things that have happened, that you've spoken about, affect you in some way.
- S45 I wouldn't know. I just say I think they affect me.
- C45 You think they might affect the way you behave with people, or when you're with yourself . . . .

- S46 Well . . . well, in my other school I, you know, I always picked a fight.
- C46 M-hm.
- S47 But every time I picked a fight they always fought back and I'd always win. But in this school . . . they all push me around, but I don't start anything. Today in--in the school yard, they started punching me, but I didn't pay no attention to them.
- C47 Even though they were punching you.
- S48 Just tryin' to read my comic.
- C48 You don't . . . uh . . . seem to be as comfortable in this school as in the other one.
- S49 No . . . . The work's easier, though.
- C49 You don't feel that it's the studies at all.
- S50 No, it's just the children.
- C50 You feel they pick on you more here in this school than in the other one or . . .
- S51 No, they pick on me . . . . Maybe in the other school they picked on me, but I know they didn't mean it. But here, I haven't been here long and I don't know what they mean.
- C51 So, you've told me quite a bit about not having a brother and mother and living with your aunt . . . and how you used to be happy in this other school.
- S52 M-hm.
- C52 And now you've come to this school, things aren't the same as they used to be. Quite a bit has happened in the past few years.
- S53 Something tells me that you just forget about whatever happened, and whatever will happen . . . .
- C53 M-hm.
- S54 No teacher has hit me yet, and I don't think any teacher will in this school. In the other school the teachers was kinda rough on us.
- C54 The teachers were rough.



- S55 I guess 'cause we didn't do the work.
- C55 And you believe things will be better for you at this school.
- S56 If I do a little work, she just forgets about it.
- C56 I'm wondering if you're saying that you feel kind of hopeless about changing the way you are.
- S57 M-hm.
- C57 And you don't like some of the things that are happening with you like fighting with your aunt.
- S58 She only picks on me because she thinks I'm a very bad kid.
- C58 Bad kid . . .
- S59 I have gotten in fights at school and argue with my aunt.
- C59 So you are concerned about what other people like your aunt think about you.
- S60 No, I don't think I've been very nice. Sometimes it seems like there are so many things that have affected me . . . and I wonder if I can change.
- C60 So maybe you are confused about where to go from here.
- S61 I don't know. I guess whatever you wanna do, you can do.
- C61 You're unclear and in some ways would like me to decide where we go from here . . . ?

APPENDIX B  
INSTRUMENTS

## INSTRUCTIONS

### Psychotherapy Expectancy Inventory-Revision

For the next few minutes, you will be listening to some questions as I read them. These questions are the same as those on the sheet that you have been given. In order to complete these questions you will need to imagine that you have been assigned a counselor with whom you are going to talk about some of your problems. There are thirty questions about the kinds of things that you would expect to happen if you were to spend an hour with this counselor tomorrow. Each question refers to the hour that you would spend with this counselor. Keep this in mind while you answer.

The numbers of the questions that I will read are the same as the numbers of the questions on the sheet you have been given. Look at your paper now. You will notice that each question is followed by numbers from one to seven. For each question you have seven choices for giving your ideas about what will take place during this imaginary hour with a counselor.

Look at the question which is numbered zero at the top of the page.

It reads: How strongly do you expect to talk about your feelings with your counselor?

It is up to you to decide how much you expect to talk about your feelings with this imaginary counselor. When you decide your answer, you should circle the number that tells how strongly you expect this to happen. The higher the number, the more you expect this to happen. The lower the number, the less you expect it to happen. You will notice that the number one means "not at all," the number four means "a middle amount," and the number seven means "very strongly." You may use any of the numbers to tell what you think would happen. Remember: We are talking about an imaginary counselor, not a counselor you once had or a counselor that you have now. Answer the questions the way you feel things would be between you and this imaginary counselor. Try to be truthful and use the number that tells best what you think. Answer every question as it is read.

Any questions?

	not at all			a middle amount			very strongly
0. How strongly do you expect to talk about your feelings with this counselor?	1	2	3	4	5	6	7

---

	not at all			a middle amount			very strongly
1. How strongly do you expect your counselor to try to let you know that everything will work out all right?	1	2	3	4	5	6	7
2. How strongly do you expect to say whatever comes into your mind while with this counselor?	1	2	3	4	5	6	7
3. How strongly do you expect to watch your counselor to get ideas on how you should act during the hour?	1	2	3	4	5	6	7
4. How strongly do you expect to act as freely as you would with your best friend?	1	2	3	4	5	6	7
5. How strongly do you expect to feel "free" and "open"?	1	2	3	4	5	6	7
6. How strongly do you expect to watch your counselor's behavior to find out the right thing to do during the hour?	1	2	3	4	5	6	7
7. How strongly do you expect to feel like opening up without any help from your counselor?	1	2	3	4	5	6	7
8. How strongly do you expect your counselor to be careful in stating his opinion about important topics?	1	2	3	4	5	6	7

	not at all			a middle amount			very strongly
9. How strongly do you expect to act the way you feel while with your counselor?	1	2	3	4	5	6	7
10. How strongly do you expect to be concerned with the impression you make on your counselor?	1	2	3	4	5	6	7
11. How strongly do you expect to please your counselor?	1	2	3	4	5	6	7
12. How strongly do you expect to feel O.K. in expressing your feelings toward the counselor?	1	2	3	4	5	6	7
13. How strongly do you expect to feel as though you were in charge of the hour?	1	2	3	4	5	6	7
14. How strongly do you expect to get definite advice from your counselor?	1	2	3	4	5	6	7
15. How strongly do you expect your counselor to discover what is responsible for your problems?	1	2	3	4	5	6	7
16. How strongly do you expect your counselor to suggest what you should do about your problems?	1	2	3	4	5	6	7
17. How strongly do you expect your counselor to tell it like it is?	1	2	3	4	5	6	7
18. How strongly do you expect to be the one who begins the talking?	1	2	3	4	5	6	7
19. How strongly do you expect your counselor to tell you whether what you do is right or wrong?	1	2	3	4	5	6	7

	not at all			a middle amount			very strongly
20. How strongly do you expect to be concerned with how you appear to your counselor?	1	2	3	4	5	6	7
21. How strongly do you expect to be responsible for the conversation?	1	2	3	4	5	6	7
22. How strongly do you expect your counselor to tell you that things will work out all right?	1	2	3	4	5	6	7
23. How strongly do you expect to discuss whatever comes to mind without jiving?	1	2	3	4	5	6	7
24. How strongly do you expect to look for answers from your counselor?	1	2	3	4	5	6	7
25. How strongly do you expect to find yourself talking about the past?	1	2	3	4	5	6	7
26. How strongly do you expect to start the conversation?	1	2	3	4	5	6	7
27. How strongly do you expect to lead the way in bringing up things to talk about?	1	2	3	4	5	6	7
28. How strongly do you expect your counselor to pick your ideas apart and criticize them?	1	2	3	4	5	6	7
29. How strongly do you expect your counselor to level with you?	1	2	3	4	5	6	7
30. How strongly do you expect that it will be your responsibility to prepare for the next session?	1	2	3	4	5	6	7

## INSTRUCTIONS

(To be read)

## Social Orientation Tasks

The questions which follow are made to give us ideas about the way that you look at yourself and other people. In this description of yourself and others, words are avoided. Hopefully these questions will tell us something about differences among people in the ways they look at themselves and other people.

One person whom we are especially interested in today is the counselor on this tape. Several times in these questions the word counselor is used. Every time the word counselor is used we are talking about the counselor whom you just heard on the tape.

I will read the instructions for each page; you should then complete the work on that page. On most pages you will be using letters to stand for certain people so be careful to use the right letters. Remember when the word counselor is used we are talking about the counselor on the tape.

Any questions?



The circles below stand for people. Mark each circle with the letter standing for one of the people in the list. Do this in any way you like, but use each person only once and do not omit anyone.

TC - this counselor

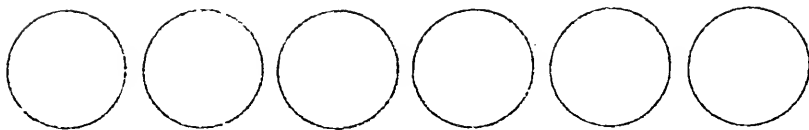
Y - Yourself

B - a beautiful person

M - Mother

S - someone you feel sorry for

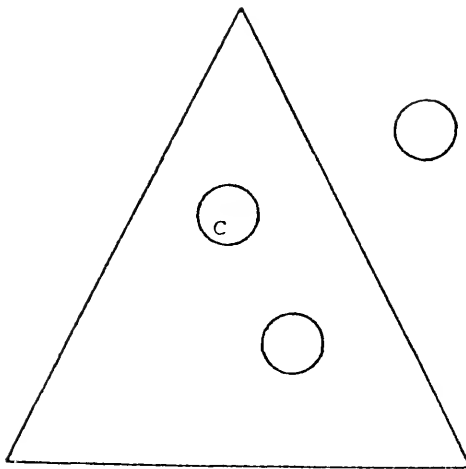
C - a cheerful person



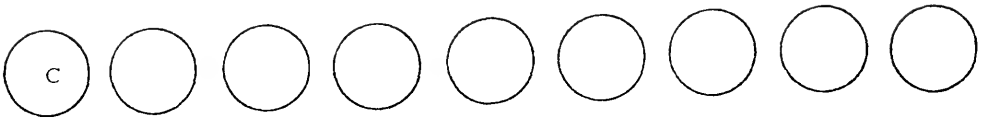
The small circles below stand for you and some other persons.

The small circle with a C stands for this counselor.

Put a Y in one of the small circles that stands for Yourself.



The C below stands for this counselor. Choose one of the circles to stand for yourself, and place a Y in it.



The circles below stand for people. Mark each circle with the letter <sup>144</sup>

standing for one of the people in the list. Do this in any way you

like, but use each person only once and do not omit anyone.

A - a good athlete

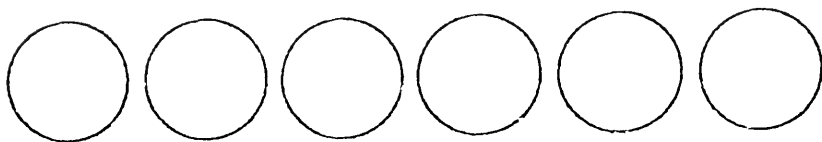
C- this counselor

P - a sad person

S - a student

Y - Yourself

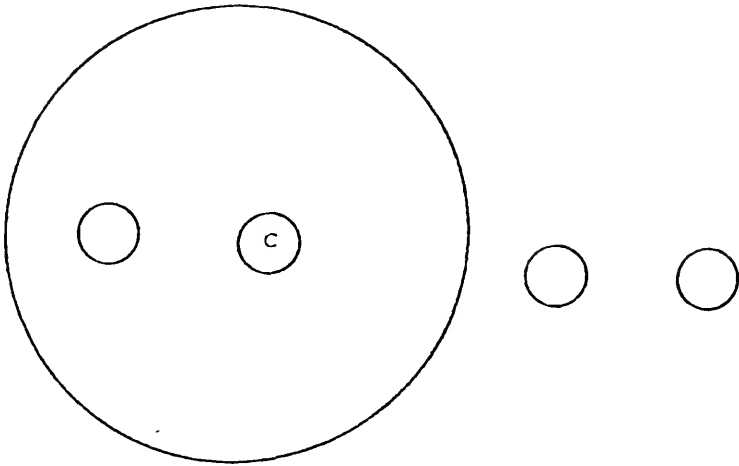
B - a brother or someone who is  
most like a brother



The small circles below stand for you and some other persons.

The small circle with a C stands for this counselor.

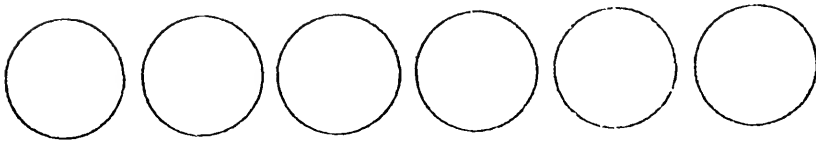
Put a Y in one of the small circles that stands for Yourself.



The circles below stand for people. Mark each circle with the letter standing for one of the people in the list. Do this in any way you like, but use each person only once and do not omit anyone.

F - a friend  
S - a selfish person  
Y - Yourself

G - Grandmother  
L - someone you hope to be like  
C - this counselor



(C) (F) (Fr) (Fu) (M) (S) (St) (W) (U)

These letters stand for the following people: (C) this counselor,

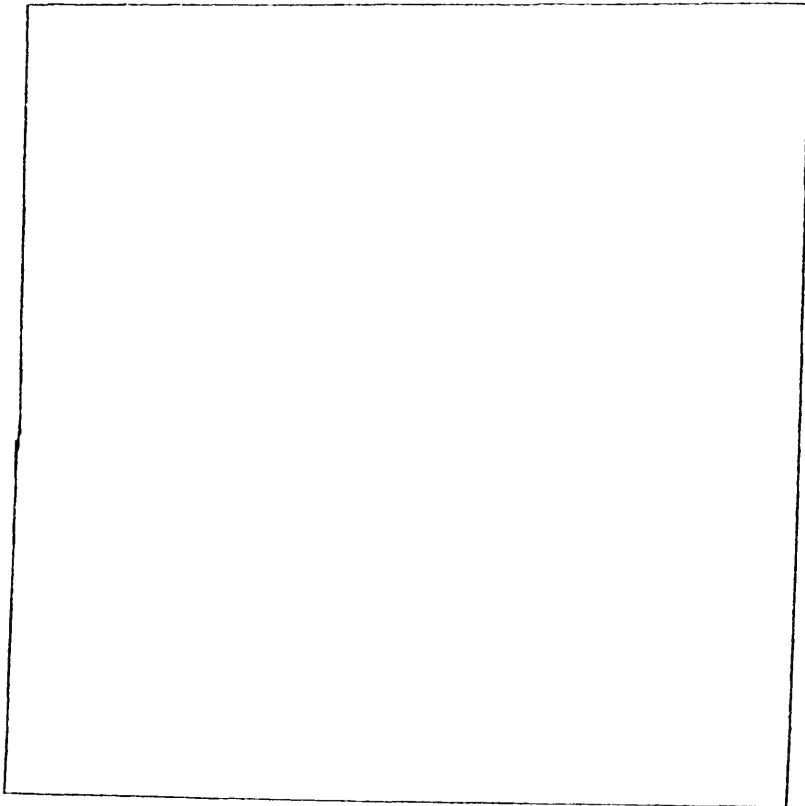
(F) father, (Fr) friend, (Fu) the funniest person you know,

(M) mother, (S) yourself, (St) the strongest person you know,

(W) someone you know who is hard working, (U) someone you

know who is unsuccessful.

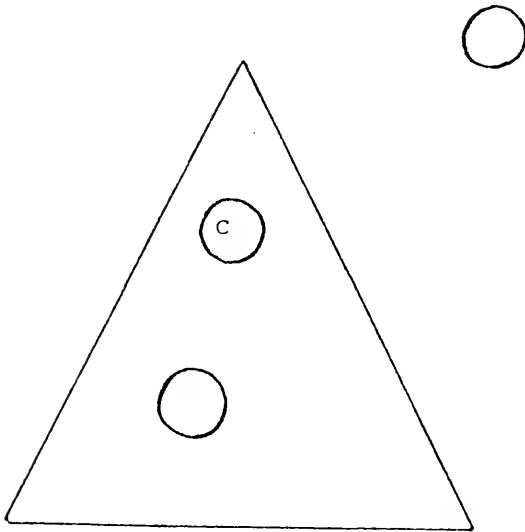
Your task is to arrange these people into as many or as few groups as you wish. In the space below, draw a circle around the letter to stand for each person, putting whichever ones you wish together. It does not matter how you arrange the people, but use each person only once and be sure to use all of them. If you think a person does not belong with any of the others, he may be placed by himself. When you have finished grouping the circles, draw a large circle around each of the groups in order to keep them separated.



The small circles below stand for you and some other persons.

The small circle with a C stands for this counselor.

Put a Y in one of the small circles that stands for yourself.

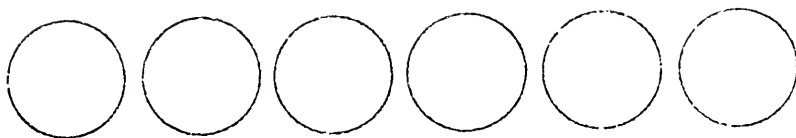




The circles below stand for people. Mark each circle with the letter standing for one of the people in the list. Do this in any way you like, but use each person only once and do not omit anyone.

U - someone who is not kind  
P - a polite person  
S - the strongest person you know

H - the happiest person you know  
C - this counselor  
Y - Yourself



(A) (B) (F) (N) (S) (Sa) (Si) (C) (U)

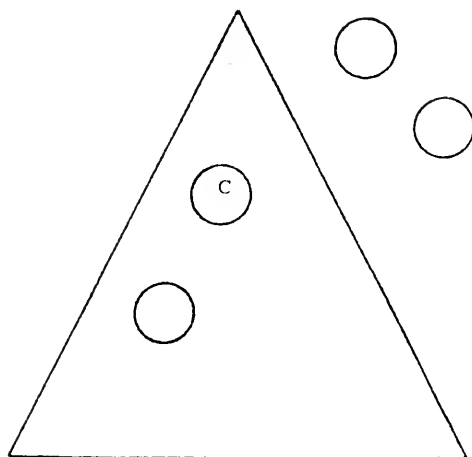
These letters stand for the following people: (A) someone you know who is a good athlete, (B) your brother, or someone most like a brother, (F) a friend, (N) a neighbor (S) yourself, (Sa) a salesman, (Si) your sister or someone most like a sister, (C) this counselor, (U) someone you know who is unhappy.

Your task is to arrange these people into as many or as few groups as you wish. In the space below, draw a circle around the letter to stand for each person, putting whichever ones you wish together. It does not matter how you arrange the people, but use each person only once and be sure to use all of them. If you think a person does not belong with any of the others, he may be placed by himself. When you have finished grouping the circles, draw a large circle around each of the groups in order to keep them separated.

The small circles below stand for you and some other persons.

The C in the small circle below stands for this counselor.

Put a Y in one of the small circles that stands for Yourself.



The circles below stand for people. Mark each circle with the letter standing for one of the people in the list. Do this in any way you like, but use each person only once and do not omit anyone.

Y - Yourself

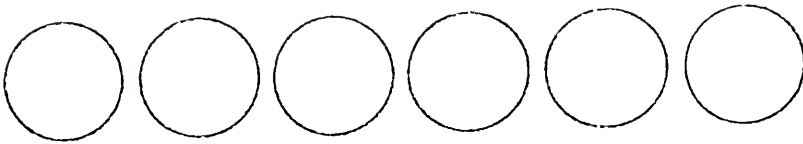
S - your sister or someone who  
is most like a sister

TC - this counselor

C - a cruel person

W - someone who has learned a lot

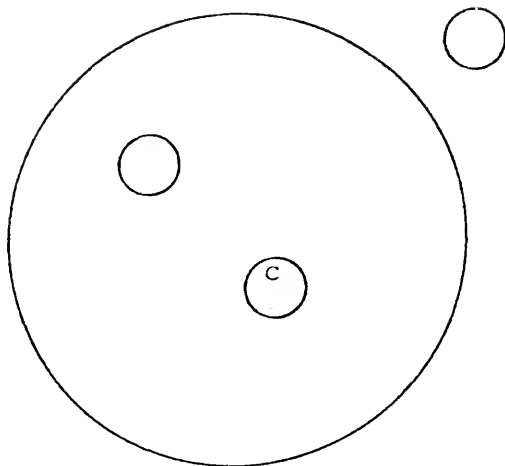
L - a lucky person



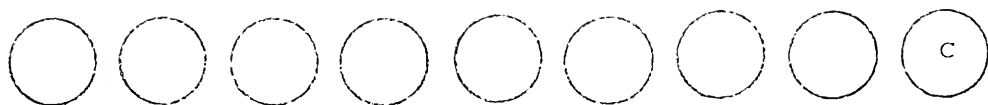
The small circles below stand for you and some other persons.

The C in the small circle below stands for this counselor.

Put a Y in one of the small circles that stands for Yourself.



The C below stands for this counselor. Choose one of the circles to stand for yourself, and place a Y in it.



(C) (F) (Fr) (H) (M) (N) (S) (Su) (U)

These letters stand for the following people: (C) this counselor

(F) Father, (Fr) friend, (H) someone you know who is

happy, (M) Mother, (N) a neighbor, (S) yourself,

(Su) someone you know who is successful, (U) someone with

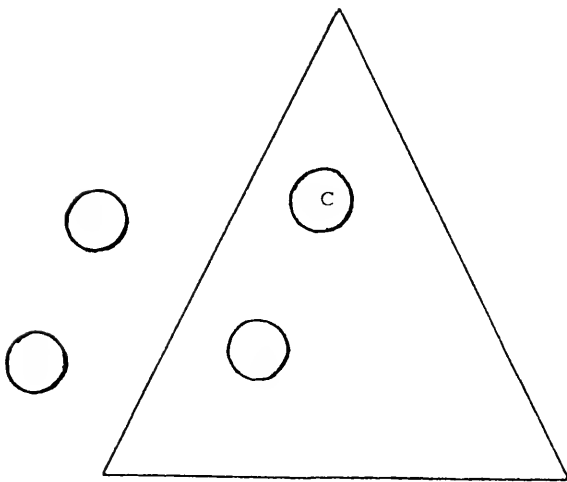
whom you are uncomfortable.

Your task is to arrange these people into as many or as few groups as you wish. In the space below, draw a circle around the letter to stand for each person, putting whichever ones you wish together. It does not matter how you arrange the people, but use each person only once and be sure to use all of them. If you think a person does not belong with any of the others, he may be placed by himself. When you have finished grouping the circles, draw a large circle around each of the groups in order to keep them separated.

The small circles below stand for you and some other persons.

The C in the small circle below stands for this counselor.

Put a Y in one of the small circles that stands for Yourself.





## DATA SHEET

Age \_\_\_\_\_

- 1) How would you rate your experience with counselors?  
Check one of each.

1) Good \_\_\_\_\_ Bad \_\_\_\_\_

2) Successful \_\_\_\_\_ Unsuccessful \_\_\_\_\_

3) Interesting \_\_\_\_\_ Boring \_\_\_\_\_

- 2) How many different counselors would you guess you have talked with?

\_\_\_\_\_

- 3) Have you ever talked with:

1) a school counselor \_\_\_\_\_

2) a probation counselor \_\_\_\_\_

3) a mental health counselor \_\_\_\_\_

4) a social worker \_\_\_\_\_

5) a psychologist \_\_\_\_\_

6) a psychiatrist \_\_\_\_\_

- 4) Do you feel that you would like to talk with a counselor about problems you are now having?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 5) If you had a chance today would you talk with a counselor?

Yes \_\_\_\_\_ No \_\_\_\_\_

## APPENDIX C

### TABLES

Table C.1  
Subject Sex  
Means and Standard Deviations--Approval-Advice Scores

	$\bar{X}$	S.D.	N
Male	61.2549	11.7597	102
Female	58.9130	18.4142	23

Table C.2  
Subject Sex  
Means and Standard Deviations--Audience-Relationship Scores

	$\bar{X}$	S.D.	N
Male	55.5882	13.0242	102
Female	49.0870	16.9944	23

Table C.3  
Subject Race  
Means and Standard Deviations--Approval-Advice Scores

	$\bar{X}$	S.D.	N
Black	61.4048	14.6372	42
White	60.5301	12.4571	83

Table C.4  
Subject Race  
Means and Standard Deviations--Audience-Relationship Scores

	$\bar{X}$	S.D.	N
Black	55.0238	13.4391	42
White	54.0723	14.3347	83

Table C.5  
Identification and Selected Variables  
Correlations  
(N = 122)

Subject Age	Number of Counselors	Rating of Counselors	Types of Counselors	Expressed Interest
Identification	.0459	.1122	.1031	.0919
				.0171

Table C.6  
Inclusion and Selected Variables  
Correlations  
(N = 122)

Subject Age	Number of Counselors	Rating of Counselors	Types of Counselors	Expressed Interest
Inclusion	.1179	.1345	.1396	-.0327
				.0801

Table C.7  
Client Role Expectation by Counselor Sex  
Means and Standard Deviations--Inclusion Scores

	Role Expectation			
	Approval- Advice $\bar{X}$	S.D.	Audience- Relationship $\bar{X}$	S.D.
Counselor				
Male	9.2683 (N = 41)	2.0251	8.8947 (N = 19)	1.5949
Counselor				
Female	9.1842 (N = 38)	1.9845	9.4286 (N = 21)	2.0389

Table C.8  
Client Role Expectation by Subject Sex  
Means and Standard Deviations--Inclusion Scores

	Role Expectation			
	Approval- Advice $\bar{X}$	S.D.	Audience- Relationship $\bar{X}$	S.D.
Subject				
Male	9.1719 (N = 64)	1.9153	9.3939 (N = 33)	1.7310
Subject				
Female	9.4667 (N = 15)	2.3563	8.1429 (N = 7)	2.1157

Table C.9  
Counselor Role Behavior by Counselor Sex  
Means and Standard Deviations--Inclusion Scores

	Role Behavior			
	Directive $\bar{X}$	S.D.	Nondirective $\bar{X}$	S.D.
Counselor				
Male	9.6250 (N = 32)	1.8965	8.6071 (N = 28)	1.7709
Counselor				
Female	9.8000 (N = 25)	2.16024	8.8824 (N = 34)	1.7883

Table C.10  
Counselor Role Behavior by Subject Sex  
Means and Standard Deviations--Inclusion Scores

	Role Behavior			
	Directive $\bar{X}$	S.D.	Nondirective $\bar{X}$	S.D.
Subject				
Male	9.6889 (N = 45)	1.8687	8.8654 (N = 52)	1.7604
Subject				
Female	9.7500 (N = 12)	2.5271	8.2000 (N = 10)	1.8135

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## BIOGRAPHICAL SKETCH

James Gary Tomblin was born on September 20, 1944, in Charleston, South Carolina. He attended elementary schools in Charleston and in Columbus, Georgia, and was graduated from Baker High School in Columbus in 1962. In June, 1966, he received the bachelor of arts degree in psychology from David Lipscomb College. Upon graduation he was employed as a counselor trainee at the Atlanta Employment Evaluation and Service Center.

Beginning in September, 1966, Mr. Tomblin received a traineeship from the Rehabilitation Services Administration for graduate study at the University of Georgia. In December, 1967, he was awarded a master of education degree in rehabilitation counseling and began employment as a rehabilitation counselor at the Georgia Mental Health Institute in Atlanta.


In September, 1969, Mr. Tomblin entered the doctoral program in counselor education at the University of Florida. From September, 1969, through August, 1971, he held a traineeship from the Rehabilitation Services Administration and from September, 1971, to August, 1972, was employed as a graduate assistant in the Rehabilitation Counseling Department.

From September, 1972, to October, 1973, Mr. Tomblin was employed as assistant clinical director of the Northeast Florida Comprehensive Drug Control Program. In November, 1973, he began employment as a counselor with the Counseling Services Program at the University of North Florida. From April to July of 1975, he was employed as program coordinator of Metamorphosis Drug Program in Gainesville, Florida. He is currently employed as alcoholism program coordinator for the Bradford-Union Guidance Clinic, Starke, Florida, a position which he has held since July, 1975.


Mr. Tomblin is divorced and has one daughter, Sheri, who is nine years old.




I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
Robert O. Stripling, Chairman  
Distinguished Service  
Professor of Counselor  
Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
William B. Ware  
Professor of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
Robert C. Ziller  
Professor of Psychology

This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

December, 1977

\_\_\_\_\_  
Dean, Graduate School

UNIVERSITY OF FLORIDA



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